

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90301 021 ***150.00

DOCUMENT # P93000015489

1. Entity Name

NAPEJ, INC.



Principal Place of Business

1402 U.S. ALT. 19
HOLIDAY FL 34691

Mailing Address

1402 U.S. ALT. 19
HOLIDAY FL 34691

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3172123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOUSKOTIS, MICHAEL PA
623 E. TARPON AVE.
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☒ Delete
NAME KARAS, MICHAEL N
STREET ADDRESS 6528 JOSIG LN
CITY-ST-ZIP HUDSON FL

TITLE P ☐ Delete
NAME KARAS, ARGYRO
STREET ADDRESS 18244 NARDY
CITY-ST-ZIP CLINTON TOWNSHIP MI 48036

TITLE V ☐ Delete
NAME KARAS, NICHOLAS
STREET ADDRESS 6528 JOSIE LN
CITY-ST-ZIP HUDSON FL 34667

TITLE S ☐ Delete
NAME KARAS, JOHN S
STREET ADDRESS 6528 JOSIE LN
CITY-ST-ZIP HUDSON FL

TITLE D ☐ Delete
NAME KARAS, MARIA
STREET ADDRESS 6528 JOSIE LN
CITY-ST-ZIP HUDSON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN KARAS 3-5-05 727 934 6622

Date

Daytime Phone #