

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90251 032 ***150.00

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1. Entity Name
PERICLES INC.



Principal Place of Business
C/O ATLANTIA HOLDINGS
645 E DANIA BEACH BLVD
DANIA BEACH, FL 33004

Mailing Address
C/O ATLANTIA HOLDINGS
645 E DANIA BEACH BLVD
DANIA BEACH, FL 33004

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

645 E. Dania Beach Blvd.
Dania Beach, FL 33004

645 E. Dania Beach Blvd.
Dania Beach, FL 33004



04142008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0452328

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, ACE J JR
645 E. DANIA BEACH BLVD
DANIA, FL 33004

7. Name and Address of New Registered Agent

Chris A. Economou
645 E. Dania Beach Blvd.
Dania Beach, FL 33004

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BLACKBURN, JR. A
STREET ADDRESS 645 E. DANIA BEACH BLVD.
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE VSD ☐ Delete
NAME ECONOMOU, C
STREET ADDRESS 645 E. DANIA BEACH BLVD.
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE D ☐ Delete
NAME WAGNER, J
STREET ADDRESS 645 E. DANIA BEACH BLVD.
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE D ☐ Delete
NAME MORFIDIS, G
STREET ADDRESS 645 E. DANIA BEACH BLVD.
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/14/08
Date

Daytime Phone #