

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P93000077622**

**1. Entity Name  
APOLLON CORPORATION**



**Principal Place of Business  
1001 ESTERO BLVD  
FT MYERS BEACH, FL 33931**

**Mailing Address  
1001 ESTERO BLVD  
FT MYERS BEACH, FL 33931**



**01062004 No Chg-P CR2E034 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
NOT APPLICABLE**

**Applied For  
Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MAILLAKAKIS, STAVROS  
1001 ESTERO BLVD  
FT MYERS BEACH, FL 33931**

**DO NOT WRITE  
IN THIS SPACE**

**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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE D  
NAME MAILLAKAKIS, STAVROS  
STREET ADDRESS 1001 ESTERO BLVD  
CITY-ST-ZIP FT MYERS BEACH, FL 33931**

**TITLE D  
NAME NESKES, EMMANUEL  
STREET ADDRESS 1001 ESTERO BLVD  
CITY-ST-ZIP FT MYERS BEACH, FL 33931**

**TITLE S  
NAME NESKES, NOMKI  
STREET ADDRESS 1001 ESTERO BLVD.  
CITY-ST-ZIP FT. MYERS BEACH, FL**

**TITLE T  
NAME MAILLAKAKIS, STEVEN M  
STREET ADDRESS 1333 MACOMBO RD  
CITY-ST-ZIP FORT MYERS, FL 33919**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**000000001588  
01/12/04-80016-019 150.00**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** *Stavros Maillakakis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-06-04-239-463 4707**  
Date Daytime Phone #