


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90022 022 ***158.00

DOCUMENT # P95000030707 1. Entity Name KALLERGIS, INC.					
Principal Place of Business KALLERGIS INC HOLIDAY FL 34691 <i>3328 Moog Rd</i>			Mailing Address 3328 MOOG ROAD HOLIDAY FL 34691		
2. Principal Place of Business <i>3328 Moog Rd</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc. <i>N/A</i>		Suite, Apt. #, etc. <i>N/A</i>			
City & State <i>Holiday FL</i>		City & State <i>Holiday FL</i>		4. FEI Number 59-3306510 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip <i>34691</i>	Country <i>Pasco</i>	Zip <i>34691</i>	Country <i>Pasco</i>		
6. Name and Address of Current Registered Agent KALLERGIS, PETER 4145 HIGHLAND LOOP NEW PORT RICHEY FL 34652				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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALLERGIS, PETER 4145 HIGHLAND LOOP NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KALLERGIS, HELEN 4145 HIGHLAND LOOP NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEKEN, KELLER 4145 HIGHLAND LOOP NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: Peter Kallergis President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				(727) 845 3319 Date Daytime Phone #	

04001130



MOORE CR2E034 (11/03)