


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000095388</b> 1. Entity Name <b>MANOLIS, INC</b>	
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Principal Place of Business  
**VENICE BEACH CONCESSION**  
**101 THE ESPLANADE NORTH**  
**VENICE, FL 34285 US**

Mailing Address  
**MANOLIS INC**  
**101 THE ESPLANADE NORTH**  
**VENICE, FL 34285 US**



**DO NOT WRITE IN THIS SPACE**

02012005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0710813</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**MAKRIS, EMMANUEL**  
**408 ALHAMBRA ROAD**  
**VENICE, FL 34285**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MAKRIS, EMMANUEL
STREET ADDRESS	101 THE ESPLANADE NORTH
CITY-ST-ZIP	VENICE, FL

TITLE	VP
NAME	MAKRIS, MARIA
STREET ADDRESS	101 THE ESPLANADE NORTH
CITY-ST-ZIP	VENICE, FL

TITLE	S
NAME	MAKRIS, MONIKA
STREET ADDRESS	101 THE ESPLANADE NORTH
CITY-ST-ZIP	VENICE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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02/22/05-80026-007 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X*

*Emmanuel Makris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 2/15/05*  
Date

Daytime Phone #