2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 2005 8:00 am **Secretary of State** DOCUMENT # P97000034504 1. Entity Name 02-15-2005 90024 013 ***150.00 KDEK, INC. Principal Place of Business Mailing Address 1118 BELLAIRE DR DAYTONA BEACH FL 32118 1118 BELLAIRE DR DAYTONA BEACH FL 32118 50015589 2. Principal Place of Business Mailing Address 118 Be Maire Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number 59-3498652 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KASTIS, GIANOULA Street Address (P.O. Box Number is Not Acceptable) 1118 BÉLLAIR DR **DAYTONA BEACH FL 32118** 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 agen-SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if ag FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition KASTIS, GIANOULA NAME NAME 1118 BELLAIRE DR STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP CITY-ST-ZIP CORRECT TITLE ☐ Delete TITLE Change ☐ Addition KASTIS, GIANOULA NAME NAME 1118 BELLAIR DR. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-7IE CITY-ST-ZIP CORRECT HILE ☐ Delete TITLE ☐ Change ☐ Addition MAME KASTIS, EVA NAME 1118 BELLAIRE DR ... T STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL 32118 CORRECT TITLE TITLE ☐ Delete Change ☐ Addition KASTIS, CONSTANTINO D NAME NAME 1118 BELLAIR DR. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED