

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # P97000055162

1. Entity Name
SAMOS CORNER, INC.



Principal Place of Business
6801 GULFPORT BLVD S
SOUTH PASADENA, FL 33707

Mailing Address
6801 GULFPORT BLVD S
SOUTH PASADENA, FL 33707



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0816255

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HATZILIAS, CHRIST
6801 GULFPORT BLVD S
SOUTH PASADENA, FL 33707

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 P
NAME CHRISTOS HATZILIAS
STREET ADDRESS 5155 23 AV. N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE VT
NAME HATZILIAS, ANNA
STREET ADDRESS 5155 23 AV. N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE VS
NAME KARAKOUDAS, JITKA
STREET ADDRESS 6514 FAIRVIEW DS. S
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000795804
01/29/08-80006-020 150.00

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:

Anna Hatzilias - ANNA HATZILIAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08

Date

(727) 344-2524

Daytime Phone #