

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90042 040 ***150.00

DOCUMENT # P99000040621

1. Entity Name

SKALA PROPERTIES, INC.



Principal Place of Business

21 NANTUCKET DRIVE
PALM COAST FL 32137

Mailing Address

21 NANTUCKET DRIVE
PALM COAST FL 32137

94031111



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-3572666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALD W. DUNCAN, P.A.
25 FLORIDA PARK DR. NORTH
PALM COAST FL 32137

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	YEROLEMOU, CHRISO	
STREET ADDRESS	21 NANTUCKET DR.	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KYRIAKOUDIS, MICHAEL	
STREET ADDRESS	3406 BRAGG DR	
CITY-ST-ZIP	WILMINGTON NC 28403	
TITLE	S	<input type="checkbox"/> Delete
NAME	KYROS, JERRY	
STREET ADDRESS	1950 LONGFELLOW AVE	
CITY-ST-ZIP	EAST MEADOW NY 11554	
TITLE	T	<input type="checkbox"/> Delete
NAME	KYRIACOU, KATHERINE	
STREET ADDRESS	25 NANTUCKET DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Chris Yerolemu Chris Yerolemu, Pres. 3/10/04 386-445-2447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #