

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 08:00 AM
Secretary of State

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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, 2007 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
NAME YEROLEMOU, CHRISO ☐ Delete
STREET ADDRESS 21 NANTUCKET DR.
CITY- ST- ZIP PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000659405
CITY- ST- ZIP 03/16/07-80029-018 150.00

TITLE VP
NAME KYRIAKOUDIS, MICHAEL ☐ Delete
STREET ADDRESS 3406 BRAGG DR
CITY- ST- ZIP WILMINGTON NC 28403

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE S
NAME KYROS, JERRY ☐ Delete
STREET ADDRESS 1950 LONGFELLOW AVE
CITY- ST- ZIP EAST MEADOW NY 11554

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE T
NAME KYRIACOU, KATHERINE ☐ Delete
STREET ADDRESS 25 NANTUCKET DR
CITY- ST- ZIP PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Chriso Yerolemon - Chriso Yerolemon, Pres. 3/6/07
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone #