

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90108 035 ***158.75

40023590



02092006 Chg-P CR2E034 (11/05)

DOCUMENT # P99000051026			
1. Entity Name FALIKA CORPORATION			
Principal Place of Business 16541 SAN CARLOS BLVD FORT MYERS, FL 33908		Mailing Address 16541 SAN CARLOS BLVD FORT MYERS, FL 33908	
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 65-0925109		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALOGRIDIS, JAMES 917 DOLPHIN DRIVE CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name <u>Joanna Poulos</u> Street Address (P.O. Box Number is Not Acceptable) <u>938 SE Dolphin Dr.</u> City <u>Cape Coral</u> FL Zip Code <u>33904</u>	
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 <u>[Signature]</u> DATE <u>2/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALOGRIDIS, JAMES 917 DOLPHIN DRIVE CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joanne Poulos 938 SE Dolphin Dr. Cape Coral FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KALOGRIDIS, THERESA 917 DOLPHIN DR CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Spiro Poulos 938 SE Dolphin Dr. Cape Coral FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POULOS, SPIRO 938 SE DOLPHIN DR CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POULOS, JOANNE 938 SE DOLPHIN DR CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/14/06</u> <small>Daytime Phone #</small>	

ATTACHMENT

40023590

#P99000051026

LUSK, DRASITES & TOLISANO, P.A.

ATTORNEYS AT LAW
202 Del Prado Boulevard S.
Cape Coral, Florida 33990-1726
P.O. Box 151207
Cape Coral, Florida 33915-1207
(239) 574-7442

* LISA M. LUSK
** THOMAS E. DRASITES
VINCENT P. TOLISANO
*** MARK P. SMITH
**** WM. SCOTT MORRIS
***** DOMENIC J. VALENTINE
MATTHEW S. TOLL
JOAN C. HENRY

FORT MYERS: (239) 337-1730
NAPLES: (239) 597-3999
PORT CHARLOTTE: (941) 629-0243
FACSIMILE: (239) 772-0318
email: LDTlawoffice@aol.com

* Board Certified Real Estate Lawyer
** Board Certified Wills, Trusts
and Estate Lawyer
*** Board Certified Civil Trial Lawyer and Board
Certified Business Litigation Lawyer
**** Admitted in Florida and Kansas
***** Admitted in Florida and New York

February 23, 2006

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: FALIKA CORPORATION
Our File: 99/0365

To Whom It May Concern:

Enclosed please find the original 2006 Annual Report for the above named Corporation. Please file the original of the enclosed and return a certificate of status to the undersigned.

In addition, a check in the amount of \$158.75 is enclosed. This check represents the following fees:

ARTICLES OF INCORPORATION:

Filing Fee	\$150.00
Certificate of Status	\$8.75
TOTAL	\$158.75

Thank you for your attention to this matter.

Very truly yours,

Jamie L. Ellis

Jamie L. Ellis
Legal Assistant to Thomas E. Drasites
LUSK, DRASITES & TOLISANO, P.A.

/jle
Enclosures: as stated