

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000062707

1. Entity Name
AEGEAN FIXED INCOME CORPORATION



Principal Place of Business

**927 E NEW HAVEN AVE
STE 315
MELBOURNE, FL 32901**

Mailing Address

**927 E NEW HAVEN AVE
STE 315
MELBOURNE, FL 32901**

DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3592144

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MYER, CHRISTOPHER P
859 E. NEW HAVE AVENUE
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAKATSELIS, JOHN C
1560 WALDORF CIRCLE NE
PALM BAY, FL 32945**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAKATSELIS, GEORGE
2802 GRANITE AVE
SACHSE, TX 75048**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MYER, CHRIS
1486 HYACINTH ST NE
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TRICAS, TIM
3030 COUNTRY STREET APT 111
HONOLULU, HI 96822**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000470706
03/28/06-80024-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 MAR 06

321-725-3157

Date

Daytime Phone #