

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

7/15/2005-90024-006-\$150.00-\$150.00

1612

DOCUMENT # P99000085420

1. Entity Name  
KALAMATA OF JACKSONVILLE, INC.



Principal Place of Business  
3877 BAYMEADOWS RD  
JACKSONVILLE, FL 32217

Mailing Address  
3877 BAYMEADOWS RD  
JACKSONVILLE, FL 32217

**FILED**  
05 AUG -9 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3599887  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PLEIMAN, THOMAS C JR  
9471 BAYMEADOWS RD, SUITE 308  
JACKSONVILLE, FL 32256

**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 \$550.00  
Due by September 7, 2005**

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  
OP  
DIMITRAKAPPOULOS, NICHOLAS  
3877 BAYMEADOWS RD  
JACKSONVILLE, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

*[Handwritten signature]*  
8/12

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8/4/05 (904) 731-2898 Daytime Phone #

2012

*Nicholas Dimitrakopoulos  
Kalamata of Jacksonville, Inc.  
3877 Baymeadows Rd.  
Jacksonville, FL 32217*

August 3, 2005

State of Florida  
Division of Corporations  
P.O. 6327  
Tallahassee, FL 32314

Re: Kalamata of Jacksonville, Inc.  
Document Number: P99000085420  
FEI Number: 593599887

Dear Sir or Madam:

Enclosed please find my annual report/uniform business report. As stated in the copy of your letter dated July 19, 2005, I have already paid the \$150.00 to file the report. I did not include the late fee because I did not receive any correspondence requesting the 2004<sup>15</sup> Annual Report for a Profit Corporation before the due date of May 1, 2005. When I printed the form online I did not know how to click the area stating that no prior notice was received. Please make any necessary corrections to have the Annual Report filed. Thank you for your assistance.

Sincerely,

Nicholas Dimitrakopoulos  
President