

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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

DO NOT WRITE IN THIS SPACE

07132005 No Chg-P CR2E034 (10/03)

FILED
05 AUG -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
1800007090



4. FEI Number 59-3599887	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

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 remitting)

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	OP
NAME	DIMITRAKOPOULOS, NICHOLAS
STREET ADDRESS	3877 BAYMEADOWS RD
CITY-ST-ZIP	JACKSONVILLE, FL 32217

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Daytime Phone #

814105(904)731-2898

Zdr

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 200~~05~~¹⁵ 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