

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # V04003 1. Entry Name ODYSSEY HOTEL BETA, INC.	
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Principal Place of Business 5311 OCEAN BLVD SARASOTA FL 34242	Mailing Address 5311 OCEAN BLVD SARASOTA FL 34242
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 56-0310077	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOUMBIS, BASIL 449 BAYSHORE DRIVE VENICE FL 34285	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

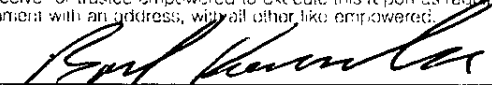
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	KOUMBIS, BASIL
STREET ADDRESS	449 BAYSHORE
CITY-STATE-ZIP	VENICE FL 34285
TITLE	S ☐ Delete
NAME	KIRKOS, CHRIS
STREET ADDRESS	6815 NORTH KENTON
CITY-STATE-ZIP	LINCOLNWOOD IL
TITLE	D ☐ Delete
NAME	VRANAS, WILLIAM
STREET ADDRESS	3923 GLORIA COURT
CITY-STATE-ZIP	GLENVILLE IL
TITLE	D ☐ Delete
NAME	GEROULIS, NICK
STREET ADDRESS	7325 NORTH BELL
CITY-STATE-ZIP	CHICAGO IL
TITLE	D ☐ Delete
NAME	YANNIMARAS, DEMETRIOS
STREET ADDRESS	6902 S. KNOXVILLE
CITY-STATE-ZIP	TULSA OK
TITLE	D ☐ Delete
NAME	KOUMBIS, GEORGE
STREET ADDRESS	6552 N. TROY
CITY-STATE-ZIP	CHICAGO IL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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.	
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SIGNATURE:		2/25/08	94/3493211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			