

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                             |                                                                  |     |                                                                          |                                                                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # G96762</b><br>1. Entity Name<br><b>STAVRO'S PIZZA, INC.</b>                                                                                                                                                                                                   |                                                                  |     |                                                                          |                                                                                                |  |
| Principal Place of Business<br><b>800 N DIXIE FRWY<br/>NEW SMYRNA BEACH FL 32168</b>                                                                                                                                                                                        |                                                                  |     | Mailing Address<br><b>800 N DIXIE FRWY<br/>NEW SMYRNA BEACH FL 32168</b> |                                                                                                                                                                                  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                       |                                                                  |     | 3. Mailing Address<br>Suite, Apt. #, etc.                                |                                                                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                |                                                                  |     | City & State                                                             |                                                                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                         | Country                                                          | Zip | Country                                                                  | 4. FEI Number <b>59-2407205</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                                                                                             |                                                                  |     |                                                                          | 1st MOORE CR2E034 (10/05)                                                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PAPPAS, NICKOLAS T.<br/>800 N DIXIE FRWY<br/>NEW SMYRNA BEACH FL 32069</b>                                                                                                                                        |                                                                  |     |                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code         </span> |  |
| 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 <i>Nickolas T. Pappas</i> - <b>PRESIDENT</b> <span style="float: right;"><b>1-27-06</b></span><br><small>Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing) DATE</small> |                                                                  |     |                                                                          |                                                                                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                             |                                                                  |     |                                                                          | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees                                                           |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                  |                                                                  |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |                                                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                       | DP <input type="checkbox"/> Delete<br><b>PAPPAS, NICKOLAS T.</b> |     | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000409613</b>                                                                                              |  |
| NAME                                                                                                                                                                                                                                                                        | <b>PAPPAS, NICKOLAS T.</b>                                       |     | NAME                                                                     | <b>02/03/06-80002-023 150.00</b>                                                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                              | <b>800 N DIXIE FRWY</b>                                          |     | STREET ADDRESS                                                           |                                                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                 | <b>NEW SMYRNA BEACH FL 32168</b>                                 |     | CITY-ST-ZIP                                                              |                                                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                  |     | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                     |  |
| NAME                                                                                                                                                                                                                                                                        |                                                                  |     | NAME                                                                     |                                                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                              |                                                                  |     | STREET ADDRESS                                                           |                                                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                 |                                                                  |     | CITY-ST-ZIP                                                              |                                                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                  |     | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                     |  |
| NAME                                                                                                                                                                                                                                                                        |                                                                  |     | NAME                                                                     |                                                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                              |                                                                  |     | STREET ADDRESS                                                           |                                                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                 |                                                                  |     | CITY-ST-ZIP                                                              |                                                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                  |     | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                     |  |
| NAME                                                                                                                                                                                                                                                                        |                                                                  |     | NAME                                                                     |                                                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                              |                                                                  |     | STREET ADDRESS                                                           |                                                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                 |                                                                  |     | CITY-ST-ZIP                                                              |                                                                                                                                                                                  |  |
| TITLE                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                  |     | TITLE                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                     |  |
| NAME                                                                                                                                                                                                                                                                        |                                                                  |     | NAME                                                                     |                                                                                                                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                              |                                                                  |     | STREET ADDRESS                                                           |                                                                                                                                                                                  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                 |                                                                  |     | CITY-ST-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.

SIGNATURE: *Nickolas T. Pappas* - **PRESIDENT** **1/27/06 386-428-54**