2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90397 001 ***150.00

DOCUMENT # P04000026905

1. Entity Name
PALM HARBOR DINER, INC.

Principal Place of Business	Mailing Address
36287 US HWY 19 NORTH PALM HARBOR,, FL 34684	36287 US HWY 19 NORTH PALM HARBOR,, FL 34684

01102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0719978 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TZAVARAS, KONSTANTINOS
~~3419 NIXON ROAD~~ 4725 INNISFIL ST
~~HOLIDAY, FL 34691~~ PALM HARBOR, FL 34683-1320

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 ______________________
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	TZAVARAS, KONSTANTINOS		NAME		
STREET ADDRESS	36287 US HWY 19 NORTH		STREET ADDRESS	4725 INNISFIL ST	
CITY-ST-ZIP	PALM HARBOR,, FL 34684		CITY-ST-ZIP	PALM HARBOR, FL 34683-1320	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 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: ______________________ 4-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

TAXPAYERS COPY

DAILY & TSAGARIS, PA
Certified Public Accountants
2555 Enterprise Road
Suite 10
Clearwater, FL 33763
(727) 791-1040
Fax (727) 726-8393

20031650

#P04080026905

PALM HARBOR DINER, INC. Date: **01/11/06**

FILING INSTRUCTIONS

X **ANNUAL REPORT**

A check in the amount of $ **150.00** payable to the Department of State for your annual filing fee, with charter number indicated thereon, should accompany the return. The original requires an authorized signature, title, area code and telephone number. Resident Agent signature required only if Item 8 is filled in. Mail in the enclosed envelope to Florida Department of State before **May 1, 2006**.

Please retain the taxpayer's copy for your files. If you have any questions regarding this return, or instructions, please do not hesitate to contact us.

MEMBERS OF THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS