
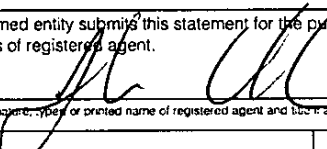
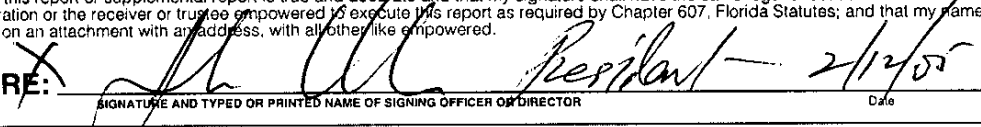


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90033 009 ***150.00

DOCUMENT # P01000089696 1. Entity Name PIN PARK EGG PLATTER, INC.					
Principal Place of Business 8870 ULMERTON RD. LARGO, FL 33761			Mailing Address 8870 ULMERTON RD. LARGO, FL 33761		
2. Principal Place of Business 6767 US 19 N. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State PINELLAS PARK FL Zip 33781		City & State PINELLAS Zip 33781		Country FL	
4. FEI Number 59-3745219				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01102005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LITTLE, THOMAS C 2123 N.E. COACHMAN RD., STE. A CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name JOHN VASILIADIS Street Address (P.O. Box Number is Not Acceptable) 1474 COUNTRY OAKS LANE City CLEARWATER FL Zip Code 33764		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VASILIADIS, HELEN 8870 ULMERTON RD. LARGO, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASILIADIS, STAVROS 8870 ULMERTON RD. LARGO, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VASILIADIS, JOHN 8870 ULMERTON RD. LARGO, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  Resident - 2/12/05					