

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90018 003 ***150.00

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1. Entity Name

QUEEN'S PIZZA & RESTAURANT OF TARPON, INC.



Principal Place of Business

40949 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689

Mailing Address

40949 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3672579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, GEORGE G ESQ.
901 N. HERCULES AVENUE
SUITE C
CLEARWATER, FL 33765

**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 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

TITLE DVPS
NAME ATHANASATOS, ANTHONY
STREET ADDRESS 1719 BAYHILL DRIVE
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE DPT
NAME ~~LOUKATARIS, JOHN D~~ LOUKATARIS, JOHN D
STREET ADDRESS 468 BRAYTON TERR. S.
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.
JOHN D. LOUKATARIS

1-15-06

Date

939-1791

Daytime Phone #