


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90020 040 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # P98000020391                    |  |
| 1. Entity Name<br>TED'S LUNCHEONETTE, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>1201 CLEARWATER-LARGO ROAD<br>LARGO, FL 34640 | Mailing Address<br>1201 CLEARWATER-LARGO ROAD<br>LARGO, FL 34640 |
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**DO NOT WRITE IN THIS SPACE**



02092007 No Chg-P CR2E034 (11/05)

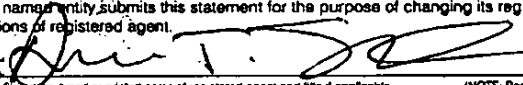
|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3496286                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

STOUPAS, DEMETRIUS T  
1201 CLEARWATER-LARGO ROAD  
LARGO, FL 34640

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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:  DATE: 2-13-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

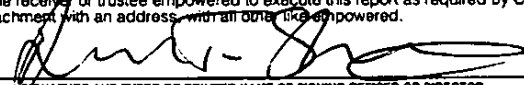
|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD, Stoupas<br>STOUPAS, DEMETRIUS T.<br>1201 CLEARWATER-LARGO ROAD<br>LARGO, FL 34640 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 duties like empowered.

SIGNATURE:  DATE: 3-7-07 DAYTIME PHONE: 727 584-2565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR