

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90093 002 ***150.00

DOCUMENT # S87194

1. Entity Name
MYKONOS FAMILY RESTAURANT, INC.



Principal Place of Business
**1740 E JEFFERSON ST
BROOKSVILLE, FL 34601**

Mailing Address
**1740 E JEFFERSON ST
BROOKSVILLE, FL 34601**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3094853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FILIPPAKOS, DIMITRIOS
1740 E JEFFERSON ST
BROOKSVILLE, FL 34601**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FILIPPAKOS, DIMITRIOS**
STREET ADDRESS **1740 E JEFFERSON ST**
CITY-ST-ZIP **BROOKSVILLE, FL**

TITLE **VP** ☐ Delete
NAME **SMITH, MARY**
STREET ADDRESS **1740 E JEFFERSON ST**
CITY-ST-ZIP **BROOKSVILLE, FL**

TITLE **T** ☒ Delete
NAME **PEAK, LORI**
STREET ADDRESS **1740 E JEFFERSON ST**
CITY-ST-ZIP **BROOKSVILLE, FL**

TITLE **S** ☐ Delete
NAME **CONLEY, CECELIA**
STREET ADDRESS **15252 SWITCHBACK RD**
CITY-ST-ZIP **BROOKSVILLE, FL 34609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME **CATHERINE STILSON**
STREET ADDRESS **1740 E. JEFFERSON ST.**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
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, or on an attachment with an address, with all other like empowered.

D. S. Filippos