


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S87194</b> 1. Entity Name <b>MYKONOS FAMILY RESTAURANT, INC.</b>	
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Principal Place of Business <b>1740 E JEFFERSON ST BROOKSVILLE, FL 34601</b>	Mailing Address <b>1740 E JEFFERSON ST BROOKSVILLE, FL 34601</b>
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03292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3094853</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FILIPPAKOS, DIMITRIOS 1740 E JEFFERSON ST BROOKSVILLE, FL 34601</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election, Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FILIPPAKOS, DIMITRIOS 1740 E JEFFERSON ST BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, MARY 1740 E JEFFERSON ST BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STILSON, CATHERINE 1740 E. JEFFERSON ST BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONLEY, CECILIA 15252 SWITCHBACK RD BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/08-80036-014 150.00

**DO NOT WRITE  
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:**  **4-18-08 3527993154**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #