

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 545278

1. Entity Name

NEARLY NEW RESTAURANT EQUIPMENT & SUPPLIES, INC.



FILED
Feb 08, 2007 08:00 AM
Secretary of State

Principal Place of Business

P.O. BOX 1397
TARPON SPRINGS FL 34688-1397

Mailing Address

P.O. BOX 1397
TARPON SPRINGS FL 34688-1397



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1796343

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEAN-PERRIE, FLORENCE
301 S. PINELLAS AVENUE
TARPON SPRINGS FL 33589

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	GEORGEADES, PAUL	
STREET ADDRESS	301 S. PINELLAS AVENUE	
CITY- ST- ZIP	TARPON SPRINGS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GEORGEADES, JAMES	
STREET ADDRESS	301 S. PINELLAS AVENUE	
CITY- ST- ZIP	TARPON SPRINGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PERRIE, FLORENCE J.	
STREET ADDRESS	301 S. PINELLAS AVENUE	
CITY- ST- ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGEADES, IRENE	
STREET ADDRESS	301 S. PINELLAS AVENUE	
CITY- ST- ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000626999
CITY- ST- ZIP	02/15/07-80043-016 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

Florence Jean Perrie FLORENCE JEAN PERRIE 2/6/07 - 727-934-5063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #