

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # **f6421D**

1. Entity Name

**OLYMPIA RESTAURANT
+ PIZZA INC.**



FILED

11 MAY 23 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1311 HERITAGE

Suite, Apt. #, etc.

ACRES BLVD

City & State

ROCKLEDGE FL

Zip

32955

Country

BREVARD

3. Mailing Address

1311 HERITAGE

Suite, Apt. #, etc.

ACRES BLVD

City & State

ROCKLEDGE FL

Zip

32955

Country

BREVARD

4. FEI Number

59-2235775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034B (1/11)

7. Name and Address of Current Registered Agent

Name **HRYSOULA MITROPOULOS**

Street Address (P.O. Box Number is Not Acceptable)

1311 HERITAGE ACRES BLVD

City

ROCKLEDGE FL

Zip Code

32955

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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

Hrysoula Mitropoulos

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

5-18-11

DATE

January 1 - May 1: Fee is \$180.00

After May 1: Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

hrysoula@live.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	PETER MITROPOULOS
STREET ADDRESS	1311 HERITAGE ACRES BLVD
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	VP
NAME	HRYSOULA MITROPOULOS
STREET ADDRESS	1311 HERITAGE ACRES BLVD
CITY-ST-ZIP	ROCK FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Peter Mitropoulos **PETER MITROPOULOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5-18-11

Daytime Phone #

5/23