

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F64352

1. Entity Name
STAVROS PIZZA HOUSE III, INC.



FILED

07 MAY 30 PM 12:47

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
709 S. NOVA RD.
ORMOND BEACH, FL 32174-7332

Mailing Address
709 S. NOVA RD.
ORMOND BEACH, FL 32174-7332

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

05212007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2290968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICOLAOU, LONNIE
84 BLACK HICKORY WAY
ORMOND BEACH, FL 32174

Name
NICOLAOU, KATHERINE

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

443 LONG COVE RD

City
ORMOND BEACH

FL

Zip Code
32174

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 *Katherine B. Nicolau*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/24/07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME NICOLAOU, LONNIE
STREET ADDRESS 84 BLACK HICKORY WAY
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300104259133
06/12/07--01025--005 **\$61.25

TITLE VP
NAME NICOLAOU, KATHERINE
STREET ADDRESS 443 LONG COVE RD.
CITY-ST-ZIP ORMOND BEACH, FL 32174 ☐ Delete

TITLE P
NAME NICOLAOU, KATHERINE
STREET ADDRESS 443 LONG COVE RD
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Katherine B. Nicolau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/24/2007