

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91512

FILED
Jan 16, 2005
Secretary of State

Entity Name: STAVRO'S PIZZA HOUSE IV, INC.

Current Principal Place of Business:

1350 OCEAN SHORE BLVD.
ORMOND BY-THE-SEA, FL 32176

New Principal Place of Business:

Current Mailing Address:

1350 OCEAN SHORE BLVD.
ORMOND BY-THE-SEA, FL 32176

New Mailing Address:

FEI Number: 59-2403351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IOANNIDIS, HARRY
19 MISNER TR
ORMOND BCH, FL 32174 US

Name and Address of New Registered Agent:

IOANNIDIS, HARRY
111 DEEP WOODS WAY
ORMOND BCH, FL 32174 US

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.

SIGNATURE:

01/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: IOANNIDIS, CONSTANTI, NE
Address: 437 WALES AVE.
City-St-Zip: PORT ORANGE, FL 32127

Title: DP () Delete
Name: IOANNIDIS, HARILAOS,
Address: 19 MISNER TR
City-St-Zip: ORMOND BCH, FL 32174

Title: VP () Delete
Name: IOANNIDIS, SANDY
Address: 19 MISNER TR
City-St-Zip: ORMOND BCH, FL 32174

Title: S () Delete
Name: IOANNIOIS, MARY
Address: 437 WALES AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: IOANNIDIS, DIMITRIS
Address: 437 WALES AVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: IOANNIDIS, HARILAOS,
Address: 111 DEEP WOODS WAY
City-St-Zip: ORMOND BCH, FL 32174

Title: VP (X) Change () Addition
Name: IOANNIDIS, SANDY
Address: 111 DEEP WOODS WAY
City-St-Zip: ORMOND BCH, FL 32174

Title: S (X) Change () Addition
Name: IOANNIDIS, MARY
Address: 437 WALES AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARILAOS IOANNIDIS

DP

01/16/2005

Electronic Signature of Signing Officer or Director

Date