2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # G91512

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

Principal Place of Business	Mailing Address
1350 OCEAN SHORE BLVD. ORMOND BY-THE-SEA, FL 32176	1350 OCEAN SHORE BLVD. ORMOND BY-THE-SEA, FL 32176

DO NOT WRITE IN THIS SPACE

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2403351

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	IOANNIDIS, CONSTANTINE
STREET ADDRESS	437 WALES AVE.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	DP
NAME	IOANNIDIS, HARILAOS
STREET ADDRESS	111 DEEP WOODS WAY
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	VP
NAME	IOANNIDIS, SANDY
STREET ADDRESS	111 DEEP WOODS WAY
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	S
NAME	IOANNIDIS, MARY
STREET ADDRESS	437 WALES AVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	T
NAME	IOANNIDIS, DIMITRIS
STREET ADDRESS	437 WALES AVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/06-80027-025 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Ioannidis 3-31-06 386 441-000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #