

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91512

FILED  
Feb 11, 2009  
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:

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

## Current Mailing Address:

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

## New Mailing Address:

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

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  
111 DEEP WOODS WAY  
ORMOND BCH, FL 32174 US

## Name and Address of New Registered Agent:

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:

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: 111 DEEP WOODS WAY  
City-St-Zip: ORMOND BCH, FL 32174

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

Title: S (X) Delete  
Name: IOANNIDIS, 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

02/11/2009

Electronic Signature of Signing Officer or Director

Date