

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91512

FILED  
Jan 20, 2011  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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  
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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: IOANNIDIS, CONSTANTINE  
Address: 437 WALES AVE.  
City-St-Zip: PORT ORANGE, FL 32127

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

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

I hereby 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 all other like empowered.

SIGNATURE: HARILAOS IOANNIDIS

DP

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date