

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H63525**  
 1. Entity Name  
**KING PIZZA PALACE, INC.**



Principal Place of Business      Mailing Address  
**1530 S. PASADENA AVENUE**      **1530 S. PASADENA AVENUE**  
**SOUTH PASADENA FL 33707**      **SOUTH PASADENA FL 33707**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**  
**TRIANTAFILOU, SAVAS**  
**3152 W. VINA DEL MAR BLVD.**  
**ST. PETERSBURG BCH. FL 33706**

4. FEI Number      Applied For  
**59-2561457**      Not Applicable

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME	P TRIANTAFILOU, SAVAS	<input type="checkbox"/> Delete
STREET ADDRESS	3152 W. VINA DEL MAR BL	
CITY - ST - ZIP	ST. PETERSBURG BCH., F	
TITLE NAME	V TAKTIKOS, HRISTOS	<input type="checkbox"/> Delete
STREET ADDRESS	261 N. TESSIER DR.	
CITY - ST - ZIP	ST. PETERSBURG BCH., F	
TITLE NAME	T TAKTIKOS, EKATERINI	<input type="checkbox"/> Delete
STREET ADDRESS	261 N. TESSIER DR.	
CITY - ST - ZIP	ST. PETERSBURG BCH., F	
TITLE NAME	S TRIANTAFILOU, CHRISTODOU	<input type="checkbox"/> Delete
STREET ADDRESS	3152 W. VINA DEL MAR	
CITY - ST - ZIP	ST. PETERSBURG BCH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

U00000277664  
 03/26/05-80039-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Christodoulos Triantafilou*      **CHRISTODOULOS TRIANTAFILOU**      **3-22-05**      **727-341-1711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #