

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90416 030 ***150.00

DOCUMENT # H63525

1. Entity Name

KING PIZZA PALACE, INC.



Principal Place of Business

1530 S. PASADENA AVENUE
SOUTH PASADENA FL 33707

Mailing Address

1530 S. PASADENA AVENUE
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

4. FEI Number

59-2561457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIANTAILOU, SAVAS
3152 W. VINA DEL MAR BLVD.
ST. PETERSBURG BCH. FL 33706

7. Name and Address of New Registered Agent

Name **CHRISTODOULOS TRIANTAFILOU**

Street Address (P.O. Box Number is Not Acceptable)

3152 W. VINA DEL MAR BLVD.

City

ST. PETE BEACH

FL

Zip Code

33706

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

Christos Triantafyllou

SEC.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME P
STREET ADDRESS TRIANTAFILOU, SAVAS
CITY-ST-ZIP 3152 W. VINA DEL MAR BL
ST. PETERSBURG BCH., F

TITLE ☐ Delete
NAME V
STREET ADDRESS TAKTIKOS, HRISTOS
CITY-ST-ZIP 261 N. TESSIER DR.
ST. PETERSBURG BCH., F

TITLE ☐ Delete
NAME T
STREET ADDRESS TAKTIKOS, EKATERINI
CITY-ST-ZIP 261 N. TESSIER DR.
ST. PETERSBURG BCH., F

TITLE ☐ Delete
NAME S
STREET ADDRESS TRIANTAFILOU, CHRISTODOU
CITY-ST-ZIP 3152 W. VINA DEL MAR
ST. PETERSBURG BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Christos Triantafyllou

CHRISTODOULOS
TRIANTAILOU

4-9-06

727-341-1711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #