

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # J67921

1. Entity Name
OVIEDO TOWN HOUSE RESTAURANT, INC.



Principal Place of Business Mailing Address
**9 EAST BROADWAY 1075 SHAFFER TRAIL
OVIEDO, FL OVIEDO, FL 32765**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2833014 Not Applicable

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

6. Name and Address of Current Registered Agent

**PAPPAS, CONSTANTINE
1075 SHAFFER TRAIL
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005 Fee will be \$550.00**

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

1100000189919

01/24/05-80113-014 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PVST |
| NAME | PAPPAS, CONSTANTINE |
| STREET ADDRESS | 1075 SHAFFER TRAIL |
| CITY- ST- ZIP | OVIEDO, FL 32765 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
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| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/05