

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-08-2004 90018 036 ***150.00

J69201

FILED

04 APR 16 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # J69201

1. Entity Name

TAKI'S PIZZA NO. 1 OF LEESBURG, INC.

Principal Place of Business

% GARIFALIA TSOLAKIS
1324 NORTH BLVD
LEESBURG FL 34748

Mailing Address

% GARIFALIA TSOLAKIS
1324 NORTH BLVD
LEESBURG FL 34748

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

592938434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TSOLAKIS, GARIFALIA
1324 NORTH BLVD.
LEESBURG FL 32748

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

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, 2004 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 D
NAME TSOLAKIS, GARIFALIA
STREET ADDRESS 1324 NORTH BLVD.
CITY-ST-ZIP LEESBURG FL ☐ Delete

TITLE D
NAME TSOLAKIS, DEMETRIOS
STREET ADDRESS 1324 NORTH BLVD.
CITY-ST-ZIP LEESBURG FL ☐ Delete

TITLE T
NAME TSOLAKIS, STEVE
STREET ADDRESS 1324 NORTH BLVD
CITY-ST-ZIP LEESBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/5/04

352 787-2344

Date

Daytime Phone #