2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State
02-16-2005 90051 024 ***150.00

DOCUMENT # J69201

1. Entity Name

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

J00016627

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
% GARIFALIA TSOLAKIS 1324 NORTH BLVD LEESBURG FL 34748	% 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 59-2938434 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TSOLAKIS, GARIFALIA
1324 NORTH BLVD.
LEESBURG FL 32748

7. Name and Address of New Registered Agent

Name: TSOLAKIS STEVE

Street Address (P.O. Box Number is Not Acceptable): 1324 N. BLVD W.

City: LEESBURG FL Zip Code: 34748

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 2/1/05
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TSOLAKIS, GARIFALIA 1324 NORTH BLVD. LEESBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER OR T TSOLAKIS, GARIFALIA ← SAME	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TSOLAKIS, DEMETRIOS 1324 NORTH BLVD. LEESBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT OR P TSOLAKIS, DIMITRIOS ← SAME	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TSOLAKIS, STEVE 1324 NORTH BLVD LEESBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT OR V/P/M TSOLAKIS, STEVE ← SAME	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECETARY OR S TSOLAKIS, KATERINA 1324 N. BLVD W. LEESBURG FL 34748	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ DIRECTOR OR D TSOLAKIS, NICK 1324 N. BLVD W. LEESBURG FL 34748	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: _____ 2/1/05 352-787-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #