

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K56860

1. Entity Name  
K'S FAMILY PIZZERIA AND RESTAURANT, INC.



Principal Place of Business

% ARCHAGELOS KOURPOUANIDIS  
2000 RIO DE JANIERO BLVD., UNIT 7  
PORT CHARLOTTE, FL 33983

Mailing Address

% ARCHAGELOS KOURPOUANIDIS  
2000 RIO DE JANIERO BLVD., UNIT 7  
PORT CHARLOTTE, FL 33983

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

*Dept. OF STATE*



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0092173

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KOURPOUANIDIS, ARCHAGELOS  
2000 RIO DE JANIERO BLVD.  
UNIT 7, DEEP CREEK PLAZA  
PORT CHARLOTTE, FL 33983

**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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000199501  
01/27/05-80090-024 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KOURPOUANIDIS, ARCHAGELO  
2000 RIO DE JANIERO BLVD  
PORT CHARLOTTE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KOURPOUANIDIS, DESPINA  
2000 RIO DE JANIERO BLVD  
PORT CHARLOTTE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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: *ArchageLOS Kourpouanidis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05 941 625-613  
Date Daytime Phone #