

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K59654

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** SEMINOLE FAMILY RESTAURANT, INC.

**Current Principal Place of Business:**

6864 SEMINOLE BLVD.  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

**Current Mailing Address:**

6864 SEMINOLE BLVD.  
SEMINOLE, FL 33772 US

**New Mailing Address:**

**FEI Number:** 59-2927334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KOUVARAS, JAMES N.  
6864 SEMINOLE BLVD  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: KOUVARAS, JAMES N  
Address: 6864 SEMINOLE BLVD  
City-St-Zip: SEMINOLE, FL 33772

Title: DPV  
Name: KOVARAS, LISA M  
Address: 6864 SEMINOLE BLVD  
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LISA M KOUVARAS

DPV

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date