

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60768

FILED
Feb 03, 2009
Secretary of State

Entity Name: EMILY'S FAMILY RESTAURANT INCORPORATED

Current Principal Place of Business:

ILIAS VAVOULARIS
2609 ALTERNAYE U S 19 NORTH
PALM HARBOR, FL 34683

Current Mailing Address:

ILIAS VAVOULARIS
2609 ALTERNAYE U S 19 NORTH
PALM HARBOR, FL 34683

New Principal Place of Business:

ILIAS VAVOULARIS
2609 ALTERNATE U S 19 NORTH
PALM HARBOR, FL 34683

New Mailing Address:

ILIAS VAVOULARIS
2609 ALTERNATE U S 19 NORTH
PALM HARBOR, FL 34683

FEI Number: 65-0092017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAVOULARIS, ILIAS
2609 ALTERNATE US 19 NORTH
PALM HARBOR FL, FL 34683 US

Name and Address of New Registered Agent:

VAVOULARIS, ILIAS
2609 ALTERNATE US 19 NORTH
PALM HARBOR, FL 34683 US

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:

02/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VAVOULARIS, ILIAS,
Address: 2609 ALTERNATE US 19 NO
City-St-Zip: PALM HARBOR FL,

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VAVOULARIS, ILIAS,
Address: 2609 ALTERNATE US 19 NO
City-St-Zip: PALM HARBOR, F 34683

Title: VP () Change (X) Addition
Name: VAVOULARIS, STEVE
Address: 2609 ALTERNATE US 19 NO
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ILIAS VAVOULARIS

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date