


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L58853

1. Entity Name
ATHENS GRECIAN DELIGHT, INC.



Principal Place of Business % NICK MANOS 1441 TAMiami TRAIL, STORE #595 PORT CHARLOTTE, FL 33948-1001 US	Mailing Address % NICK MANOS 1441 TAMiami TRAIL, STORE #595 PORT CHARLOTTE, FL 33948-1001 US
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03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0197334	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MANOS, NICK
PORT CHARLOTTE TOWN CENTER MALL
1441 TAMiami TRAIL, STORE #595
PORT CHARLOTTE, FL 33948-1001**

**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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MANOS, NICK 2110 AMARILLO PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**U00000494130
04/20/06-80033-020 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dawn E. Larry Managing Co-Owner 4/4/06 941-255-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Printed #