


**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90201 038 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # L58853</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>			
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		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-electing)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	DVS		
NAME	MANOS, NICK		
STREET ADDRESS	2110 AMARILLO		
CITY - ST - ZIP	PUNTA GORDA, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: <u>Nick Manos</u>		Date: <u>3/15/08</u> Daytime Phone: <u>255-1550</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	