2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M81880

1. Entity Name
PAPPAS GREEK SALADS, INC.

Principal Place of Business	Mailing Address
10041 NO DALE MABRY TAMPA, FL 33618 US	10041 NO DALE MABRY TAMPA, FL 33618 US

DO NOT WRITE IN THIS SPACE

04262007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2067610	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, LUCAS L.
10041 NO DALE MABRY
TAMPA, FL 33618

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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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000750605 05/18/07-80070-002 300.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANGOS, CYNTHIA
STREET ADDRESS	10041 NORTH DALE MABRY
CITY-ST-ZIP	TAMPA, FL
TITLE	D
NAME	MANGOS, CHRISTO J.
STREET ADDRESS	10041 NORTH DALE MABRY
CITY-ST-ZIP	TAMPA, 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 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 _Cynthia P. Mangos_   4-27-07   813-962-0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #