

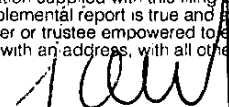


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                    |                                                                                                                                      |                                                                                    |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N39088</b><br>1. Entity Name<br><b>FLORIDA RESTAURANT PURCHASING GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                                                    |                                                                                                                                      |   |                                                                   |
| Principal Place of Business<br><b>3101 DOWNING ST<br/>CLEARWATER, FL 33759 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                    | Mailing Address<br><b>P.O. BOX 336<br/>SAFETY HARBOR, FL 34695 US</b>                                                                |                                                                                    |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                      |                                                                                                                                      |  |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             | City & State                                                                       |                                                                                                                                      | 01052007 Chg-NP CR2E037 (12/06)                                                    |                                                                   |
| Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | Zip Country                                                                        |                                                                                                                                      | 4. FEI Number<br><b>59-3031530</b>                                                 |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                    |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                             |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>PAPPAS, GEORGE G ESQ<br/>901 N. HERCULES AVE<br/>CLEARWATER, FL 33765</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                    |                                                                   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                    |                                                                                                                                      |                                                                                    |                                                                   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                                                                                      | <b>\$5.00 May Be<br/>Added to Fees</b>                                             |                                                                   |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                    |                                                                                                                                      |                                                                                    |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                    | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                         |                                                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>KOKKINAKOS, LOUIE<br>2076 SEMINOLE BLVD<br>LARGO, FL 33778            | <input type="checkbox"/> Delete                                                    |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DS<br>PETELAS, JOHN<br>11775 SEMINOLE BLVE<br>SEMINOLE, FL 33778            | <input type="checkbox"/> Delete                                                    |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DT<br>RETSOS, PETER<br>914 S PINELLAS AVE<br>TARPOON SPRINGS, FL 34689      | <input type="checkbox"/> Delete                                                    |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>INTZES, NICK<br>1844 N HIGHLAND AVE<br>CLEARWATER, FL 33765            | <input type="checkbox"/> Delete                                                    |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>STAVRAKOS, PETER<br>6552 SUNSET POINT DR<br>CLEARWATER, FL             | <input type="checkbox"/> Delete                                                    |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>KOUTSOS, JAMES<br>6121 MASSACHUSETTES AVE<br>NEW PORT RICHEY, FL 34653 | <input type="checkbox"/> Delete                                                    |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 617, 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. |                                                                             |                                                                                    |                                                                                                                                      |                                                                                    |                                                                   |
| <b>SIGNATURE:</b>  <b>PRESIDENT</b> <span style="float: right;">2/6/07</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                                                    |                                                                                                                                      |                                                                                    |                                                                   |