


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90075 005 \*\*\*150.00

DOCUMENT # P00000090683 1. Entity Name QUEEN'S PIZZA & RESTAURANT OF TARPON, INC.	
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Principal Place of Business 40949 U.S. HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689	Mailing Address 40949 U.S. HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689
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**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3672579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, GEORGE G ESQ.  
901 N. HERCULES AVENUE  
SUITE C  
CLEARWATER, FL 33765

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEB IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	ATHANASATOS, ANTHONY
STREET ADDRESS	1719 BAYHILL DRIVE
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	DPT
NAME	LOUKATARIS, JOHN D
STREET ADDRESS	468 BRAYTON TERR. S.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **JOHN LOUKATARIS**

Date: 4-28-05 Daytime Phone #: 727-939-1791