

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90017 005 ***150.00

DOCUMENT # P00000090683

1. Entity Name
QUEEN'S PIZZA & RESTAURANT OF TARPON, INC.



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

40037300



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3672579	Applied For Not Applicable
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5. Certificate of Status Desired **\$2.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOUKATARIS
LOUKATARIS, JOHN D
40949 US 19 HWY NORTH
TARPON SPRINGS, FL 34689

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	DVPS ATHANASATOS, ANTHONY 1719 BAYHILL DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LOUKATARIS, JOHN D 4688 BRATYON TERRACE S PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PETER LOUKATARIS 520 CYPRESS BEND OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP QUEEN'S PIZZA, INC. 1868 RIDGEWAY DR CLEARWATER, FL 33755
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. LOUKATARIS

2-25-08

Date

727-946-0858

Daytime Phone #