

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090683

FILED
Mar 04, 2009
Secretary of State

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

Current Principal Place of Business:

40949 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

40949 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3672579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVPS () Delete
Name: ATHANASATOS, ANTHONY
Address: 1719 BAYHILL DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: DPT () Delete
Name: LOUKATARIS, JOHN D
Address: 4688 BRATYON TERRACE S
City-St-Zip: PALM HARBOR, FL 34685

Title: DVP () Delete
Name: LOUKATARIS, PETER
Address: 520 CYPRESS BEND
City-St-Zip: OLDSMAR, FL 34677

Title: DVP () Delete
Name: LOUKATARIS, PETER
Address: 520 CYPRESS BEND
City-St-Zip: OLDSMAR, FL 34677

Title: DVP () Delete
Name: QUEEN'S PIZZA, INC
Address: 1868 RIDGEWAY DR
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: DIMITRIOS LOUKATARIS
Address: 1868 RIDGEWAY DR
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LOUKATARIS

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03/04/2009

Electronic Signature of Signing Officer or Director

_____ Date