

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90023 037 ***150.00

DOCUMENT # P01000017597

1. Entity Name
MIKE'S BREAKFAST & LUNCH, INC.



Principal Place of Business
**5901 HAINES ROAD N.
SAINT PETERSBURG, FL 33714**

Mailing Address
**1723 GULF ROAD
APT.#103
TARPON SPRINGS, FL 34689**

24023964



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3697541

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIHALOPOULOS, MIHAIL
5901 HAINES RD N
ST PETERSBURG, FL 33714**

Name
MIHALOPOULOS, ANNA
Street Address (P.O. Box Number is Not Acceptable)
5901 HAINES RD. N.

City
ST. PETERSBURG

FL

Zip Code
33714

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

Anna Mihalopoulos

ANNA MIHALOPOULOS

3/4/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **MIHALOPOULOS, MIHAIL**
STREET ADDRESS **1723 GULF RD #103**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D/P** ☐ Change ☒ Addition
NAME **MIHALOPOULOS, ANNA**
STREET ADDRESS **1723 GULF ROAD APT. 103**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** ☒ Delete
NAME **MIHALOPOULOS, KONSTANTINOS**
STREET ADDRESS **1723 GULF RD #103**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Anna Mihalopoulos **ANNA MIHALOPOULOS, PRES.**

Date

Daytime Phone #

3/4/04 727-528-2508