

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

2. Principal Place of Business

3. Mailing Address  
*1843 WOOD BROOK ST.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*TARPON SPRINGS*

Zip

Zip

*34689*

Country

03182005 Chg-P CR2E034 (10/03)

4. FEI Number

59-3697541

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINALOPOULOS, ANNA  
5901 HAINES RD N  
ST PETERSBURG, FL 33714

Name  
*MINALOPOULOS, ANNA*

Street Address (P.O. Box Number is Not Acceptable)  
*1843 WOOD BROOK ST*

City

*TARPON SPRINGS*

FL

Zip Code  
*34689*

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 *Anne Mihalopoulos*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/05

DATE

FILE NOW!!! FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINALOPOULOS, ANNA 1723 GULF RD #103 TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MINALOPOULOS, ANNA 1843 WOOD BROOK TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: *Anne Mihalopoulos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ANNE MINALOPOULOS, PRES*

4/6/05

727-528-2508

Date

Daytime Phone #

50045945



05-02-2005 90529 013 \*\*\*150.00

**FILED  
May 02, 2005 8:00 am  
Secretary of State**