


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90529 013 ***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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1843 WOOD BROOK ST. Suite, Apt. #, etc.	
City & State TARPON SPRINGS		4. FEI Number 59-3697541	
Zip 34689		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MINALOPOULOS, ANNA 5901 HAINES RD N ST PETERSBURG, FL 33714		7. Name and Address of New Registered Agent 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 <u><i>Anna Minalopoulos</i></u> ANNA MINALOPOULOS <u>4/6/05</u> 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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
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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: <u><i>Anna Minalopoulos</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/6/05</u> <u>727-528-2508</u> Date Daytime Phone #	

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