

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000003934**

1. Entity Name

ACROPOL INN RESTAURANTS, INC.



Principal Place of Business

2552 SUNSET POINT ROAD  
CLEARWATER FL 33755

Mailing Address

2552 SUNSET POINT ROAD  
CLEARWATER FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3588800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STAVRAKOS, PETER  
2552 SUNSET POINT ROAD  
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 file 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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | P                      | <input type="checkbox"/> Delete |
| NAME            | STAVRAKOS, PETER       |                                 |
| STREET ADDRESS  | 2552 SUNSET POINT ROAD |                                 |
| CITY - ST - ZIP | CLEARWATER FL 33755    |                                 |
| TITLE           | V                      | <input type="checkbox"/> Delete |
| NAME            | STAVRAKOS, STELLA      |                                 |
| STREET ADDRESS  | 2552 SUNSET POINT ROAD |                                 |
| CITY - ST - ZIP | CLEARWATER FL 33755    |                                 |
| TITLE           | S                      | <input type="checkbox"/> Delete |
| NAME            | STAVRAKOS, GARY        |                                 |
| STREET ADDRESS  | 2552 SUNSET POINT ROAD |                                 |
| CITY - ST - ZIP | CLEARWATER FL 33755    |                                 |
| TITLE           | T                      | <input type="checkbox"/> Delete |
| NAME            | STAVRAKOS, JIMMY       |                                 |
| STREET ADDRESS  | 2552 SUNSET POINT ROAD |                                 |
| CITY - ST - ZIP | CLEARWATER FL 33755    |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                                                                   |
|-----------------|-------------------------------------------------------------------|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |

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02/04/04-80055-019 150.00

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04 12758195