
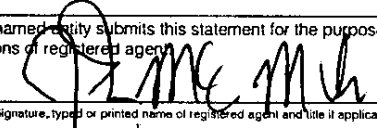
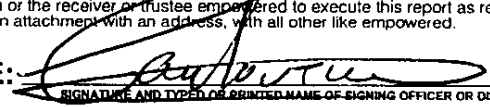


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

07-18-2008 90014 001 \*\*\*150.00

<b>DOCUMENT # P02000027608</b>					
1. Entity Name <b>THIRD STREET DINER, INC.</b>					
Principal Place of Business <b>223 S 9TH AVENUE JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>2275 ATLANTIC BLVD. NEPTUNE BEACH, FL 32266</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>223 S. 9th Avenue</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Jacksonville Beach, FL</b>		
Zip	Country	Zip	Country	4. FEI Number <b>02-0568057</b>	
<b>32250</b>	<b>USA</b>	<b>32250</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SORRELL, MARY C ESQ. 2275 ATLANTIC BLVD. SUITE 200 NEPTUNE BEACH, FL 32266</b>				7. Name and Address of New Registered Agent Name <b>John McE Miller P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1328 Third St. North</b> City <b>Jacksonville Beach, FL</b> Zip Code <b>32250</b>	
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  DATE <b>7/14/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	PTD
NAME	<b>KOUTROUMANOS, GEORGE</b>			NAME	<b>Koutroumanos, George</b>
STREET ADDRESS	<b>2275 ATLANTIC BLVD.</b>			STREET ADDRESS	<b>223 S. 9th Avenue</b>
CITY-ST-ZIP	<b>NEPTUNE BEACH, FL 32266</b>			CITY-ST-ZIP	<b>Jacksonville Beach, FL 32250</b>
TITLE	VSP	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	<b>KOUTROUMANOS, NICHOLAS</b>			NAME	
STREET ADDRESS	<b>2275 ATLANTIC BLVD.</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>NEPTUNE BEACH, FL 32266</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE <b>7/14/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					