


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000110809 1. Entity Name RODIE'S RESTAURANT, INC.	
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Principal Place of Business 1097 S PINELLAS AVE TARPON SPRINGS, FL 34669	Mailing Address 1097 S PINELLAS AVE TARPON SPRINGS, FL 34669
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0430450	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  RETSOS, PETER A 1097 S PINELLAS AVE TARPON SPRINGS, FL 34669
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**DO NOT WRITE  
IN THIS SPACE**

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>Peter Retso</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE: <u>02-19-04</u>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000058903 02/20/04-80060-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RETSOS, PETER A 1097 S PINELLAS AVE TARPON SPRINGS, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIARIKOS, IRAKLIS 1097 S PINELLAS AVE TARPON SPRINGS, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RETSOS, ANGELINE 1097 S PINELLAS AVE TARPON SPRINGS, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LIARIKOS, PENNY 1097 S PINELLAS AVE TARPON SPRINGS, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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>Peter Retso</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>02-19-04</u> <small>Date</small>	DAYTIME PHONE # <u></u> <small>Daytime Phone #</small>
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