

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90023 030 \*\*\*150.00

**DOCUMENT # P02000410809**

1. Entity Name

RODIE'S RESTAURANT, INC.



Principal Place of Business

1097 S PINELLAS AVE  
TARPON SPRINGS FL 34669

Mailing Address

1097 S PINELLAS AVE  
TARPON SPRINGS FL 34669



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **51-0430450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RETSOS, PETER A**  
**1097 S PINELLAS AVE**  
**TARPON SPRINGS FL 34669**

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 title, if applicable.

(NOTE: Registered Agent signature required when terminating.)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RETSOS, PETER A	
STREET ADDRESS	1097 S PINELLAS AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34669	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LIARIKOS, IRAKLIS	
STREET ADDRESS	1097 S PINELLAS AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34669	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RETSOS, ANGELINE	
STREET ADDRESS	1097 S PINELLAS AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34669	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LIARIKOS, PENNY	
STREET ADDRESS	1097 S PINELLAS AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34669	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LIARIKOS, VASILE	
STREET ADDRESS	2228 MUIRFIELD WAY	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LIARIKOS, EVANGELIA	
STREET ADDRESS	1097 S PINELLAS AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: PETER RETSOS** *Peter Retzos* **PRESIDENT** **02-30-08-727 937-9279**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #