

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90041 035 ***150.00

DOCUMENT # P03000014143

1. Entity Name

GREEK FOOD & PASTRIES, INC.



Principal Place of Business

2301 HAWTHORNE DRIVE
CLEARWATER FL 33763

Mailing Address

2301 HAWTHORNE DRIVE
CLEARWATER FL 33763



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

3. Mailing Address

P.O. Box 15622

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State
Clearwater, Florida

4. FEI Number

59-1146859

Applied For

Not Applicable

Zip

Country

Zip

33766

Country

Pinellas

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

VLAHOPOULOS, STEFANOS
2301 HAWTHORNE DRIVE
CLEARWATER FL 33763

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 reinstating.)

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 PD
NAME VLAHOPOULOS, STEFANOS
STREET ADDRESS 2301 HAWTHORNE DRIVE
CITY-ST-ZIP CLEARWATER FL 33763

☐ Delete

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NAME
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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:

Stefanos Vlahopoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 28, 2008

Date

Daytime Phone #