

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90019 043 ***150.00

DOCUMENT # P03000032646

1. Entity Name
EUROPEAN KITCHENS, INC.



Principal Place of Business
**1280 AMBERLEA DRIVE EAST
DUNEDIN, FL 34698**

Mailing Address
**1280 AMBERLEA DRIVE EAST
DUNEDIN, FL 34698**

54008658



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

38-3676161

Applied For ☒

Not Applicable ☐

Zip

Country

Zip

Country

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

**TINGIRIDES, STAVROS
804 NORTH BELCHER ROAD
SUITE 100
CLEARWATER, FL 33765**

Name
Andreou, Eydokios

Street Address (P.O. Box Number is Not Acceptable)
1280 Amberlea Ct.

City
Dunedin

FL

Zip Code
34698

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

Eydokios Andreou

2-13-04

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, 2004 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ANDREOU, EVDOKIOS
1280 AMBERLEA DRIVE EAST
DUNEDIN, FL 34698** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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ANDREOU, EVDOKIOS
1280 AMBERLEA DRIVE EAST
DUNEDIN, FL 34698** ☐ Delete

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☐ Change ☐ Addition

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: *Eydokios Andreou* **Evdokios Andreou, Pres.**

2-13-04

727-733-7248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #