

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036427

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Entity Name:** SPRING GARDEN FAMILY RESTAURANT, INC.

**Current Principal Place of Business:**

1018 62ND AVE. NORTH  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

1018 62ND AVE. NORTH  
ST. PETERSBURG, FL 33702 US

**Current Mailing Address:**

1018 62ND AVE. NORTH  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

1018 62ND AVE. NORTH  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 04-3748071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KARKOULAS, PAUL  
1018 62ND AVE. NORTH  
ST. PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KARKOULAS, PAUL  
Address: 1888 EAGLE TRACE BLVD.  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: VD  
Name: KARKOULAS, MARY  
Address: 1888 EAGLE TRACE BLVD.  
City-St-Zip: PALM HARBOR, FL 34685 US

Title: SD  
Name: KARKOULAS, PETER  
Address: 1888 EAGLE TRACE BLVD.  
City-St-Zip: PALM HARBOR, FL 34685 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL KARKOULAS

PD

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date