

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90020 030 ***150.00

DOCUMENT # P03000078684

1. Entity Name
TWO BROTHERS & A FRIEND CATERING, INC.



Principal Place of Business
**103 N. COMET AVENUE
CLEARWATER, FL 33765**

Mailing Address
**103 N. COMET AVENUE
CLEARWATER, FL 33765**

24012021



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1196680

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

**MAVRES, JAMES
103 N. COMET AVENUE
CLEARWATER, FL 33765**

7. Name and Address of New Registered Agent

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

2/12/04

**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

TITLE PD ☐ Delete
NAME MAVRES, JAMES
STREET ADDRESS 103 N. COMET AVENUE
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE VD ☐ Delete
NAME GALIATSATOS, NICK
STREET ADDRESS 1311 WHITACRE DR.
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE SD ☐ Delete
NAME ALOIZAKIS, ANTHONY
STREET ADDRESS 1996 BONNIE COURT
CITY-ST-ZIP DUNEDIN, FL 34689

TITLE TD ☐ Delete
NAME PASTIS, WILLIAM
STREET ADDRESS 1768 BELL KEENE ROAD
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/04 (727) 733-8834