

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90068 011 \*\*\*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**

**40040890**



02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1196680</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/24/05*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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
NAME	MAVRES, JAMES
STREET ADDRESS	103 N. COMET AVENUE
CITY - ST - ZIP	CLEARWATER, FL 33765

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES MAVRES**

Date

Daytime Phone #

*3/24/05*