

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078684

FILED
Mar 13, 2009
Secretary of State

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

Current Principal Place of Business:

103 N. COMET AVENUE
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

103 N. COMET AVENUE
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 65-1196680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAVRES, JAMES
Address: 103 N. COMET AVENUE
City-St-Zip: CLEARWATER, FL 33765

Title: SD () Delete
Name: ALOIZAKIS, ANTHONY
Address: 1996 BONNIE COURT
City-St-Zip: DUNEDIN, FL 34689

Title: TD () Delete
Name: PASTIS, WILLIAM
Address: 1768 BELL KEENE ROAD
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES MAVRES

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date