

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90011 012 ***150.00

DOCUMENT # P03000090176 1. Entity Name VILLA HOUSE OF PIZZA, INC.					
Principal Place of Business 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654			Mailing Address 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3771763	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DIAMANTOPULOS, ARIE 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAMANTOPULOS, ARIE 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAMANTOPULOS, MARIO 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMOPOULOS, ELEFTHERIA 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEMOPOULOS, STAVROS 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: <u>Arie Diamantopoulos</u> Arie Diamantopoulos President <u>1/16/04</u> <u>(727) 384-9346</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					