

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000090176 1. Entity Name VILLA HOUSE OF PIZZA, INC.	
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Principal Place of Business 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654	Mailing Address 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654
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DO NOT WRITE IN THIS SPACE



01232005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3771763	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAMANTOPULOS, ARIE 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654

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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 *Arie Diamantopoulos* PRESIDENT/DIRECTOR 1/24/05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAMANTOPULOS, ARIE 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DIAMANTOPULOS, MARIO 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEMOPOULOS, ELEFThERIA 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEMOPOULOS, STAVROS 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/26/05-80051-019 150.00

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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: *Arie Diamantopoulos* PRESIDENT/DIRECTOR 1/24/05 (27)857-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #