2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000090176 03-06-2006 90013 017 ***150.00 VILLÁ HOUSE OF PIZZA, INC. Principal Place of Business (CHANGE) Mailing Address 10235 WORTHY LAMB WAY 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL. 34654 NEW PORT RICHEY, FL. 34654 Principal Place of Business 8135 US HWY 02212006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 04-3771763 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent DEMOPOULOS DIAMANTOPULOS, ARIE 10235 WORTHY LAMB WAY NEW PORT RICHEY, FL 34654 7851 DUET COURT CINEW PORT RICHEY, FZ 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. STAUROS DEMOPOULOS, PTD 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete PRESIDENT, DIRECTOR TITLE TITLE Change ☐ Addition DEMOPOULOS, STAVROS 7851 DUET COURT NEW PORT RICHEY, FL DIAMANTOPULOS, ARIE NAME NAME 10235 WORTHY LAMB WAY STREET ADDRESS STREET ADDRESS NEW PORT RICHEY, FL 34654 34654-6339 CITY-ST-ZIP CHY-ST-7P Detete IIILE SECRETARY, DIRECTOR Change TITLE DIAMANTOPULOS, MARIO NAME NAME ELEFTHERIA DEMOPOULOS 10235 WORTHY LAMB WAY STREET ADDRESS STREET ADDRESS DUET COURT NEW PORT RICHEY, FL 34654 CITY-ST-ZIP CITY-ST-ZIP 654-6339 TITLE ☐ Delete TITLE Addition NAME DEMOPOULOS, ELEFTHERIA NAME 10235 WORTHY LAMB WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654 CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition **DEMOPOULOS, STAVROS** NAME NAME STREET ADDRESS 10235 WORTHY LAMB WAY STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654 CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MANIE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. 06 21

FILED

Mar 06, 2006 8:00 am

Davtime Phone #