

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000090747



1. Entity Name
JEANNIE'S DINER & RESTAURANT, III, INC.

Principal Place of Business
**10516 DEVCO DRIVE
PORT RICHEY FL 34668**

Mailing Address
**10516 DEVCO DRIVE
PORT RICHEY FL 34668**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **54-2122281**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIKAKIS, JEANNIE
7507 LITTLE ROAD
NEW PORT RICHEY FL 34654**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 officer, applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
BIKAKIS, JEANNIE
7507 LITTLE ROAD
NEW PORT RICHEY FL 34654** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
BIKAKIS, DAMOULIS
7507 LITTLE ROAD
NEW PORT RICHEY FL 34654** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BIKAKIS, PETER
10516 DEVCO DR
PORT RICHEY FL 34668** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
BIKAKIS, VASILIKI
10516 DEVCO DR
PORT RICHEY FL 34668** ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Vasiliki Brikakis

4/25/07 727-862-9916

Date

Daytime Phone #