## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** May 02, 2008 08:00 AN Secretary of State DOCUMENT # P03000090747 1. Entity Name JEANNIE'S DINER & RESTAURANT, III, INC. Principal Place of Business Mailing Address 10516 DEVCO DRIVE 10516 DEVCO DRIVE PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Pancipal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 54-2122281 Not Applicable $Z_{ip}$ Country Z:pCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIKAKIS, JEANNIE Street Address (P.O. Box Number is Not Acceptable) 7507 LITTLE ROAD **NEW PORT RICHEY FL 34654** City 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 (NOTE: Registrated Applit 8 directure renormal wheel reinstable of ecaption I set their need born rue to consider FILE NOW !!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE TIT! F Change | Addition ☐ Derete NAME BIKAKIS, JEANNIE NAME STREET ADDRESS 7507 LITTLE ROAD STREET ADORESS U000000942314 05/29/08-80016-003 150.00 CITY-ST-ZIP NEW PORT RICHEY FL 34654 CITY-ST-ZIP TITLE Da ete TITLE Change Addition BIKAKIS, DAMOULIS NAME NAME STREET ADDRESS 7507 LITTLE ROAD STREET ADDRESS NEW PORT RICHEY FL 34654 CITY-ST-ZIP CITY ST-ZIP Change TITLE ☐ De ete Addition SD THEE NAME NAME BIKAKIS, PETER STREET AODRESS STREET ADDRESS 10516 DEVCO DR CHY-ST-ZE CITY - ST - ZIP PORT RICHEY FL 34668 DT Change TOTAL ☐ Defete OTOF □ Addition BIKAKIS, VASILIKI NAME MAME 10516 DEVCO DR STREET ADORESS STREET ADDRESS PORT RICHEY FL 34668 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Derete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-S1-ZIP CITY- ST- ZIP 🔲 Addition TITLE Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 ball, 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

an address, with all other like empowered.

TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment will

SIGNATURE: