


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90208 022 ***150.00

DOCUMENT # P03000134350					
1. Entity Name TONY'S DINER, INC.					
Principal Place of Business 2928 S. COMBER RD EATON PARK, FL 33804			Mailing Address 2928 S. COMBER RD EATON PARK, FL 33804		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 451			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Kathleen FL		4. FEI Number 21-0637051	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33849		Country POLK			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEITH, W.C. 1517 COMMERCIAL PARK DR LAKELAND, FL 33801			Name Better Business Services Inc Street Address (P.O. Box Number is Not Acceptable) 1515 E Memorial Blvd. City Lakeland FL Zip Code 33801		
8. The above named entity is the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. BETTER BUSINESS SERVICES INC 1515 E MEMORIAL BLVD LAKELAND, FL 33801 SIGNATURE (863) 682-0141 (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 KASTRINOS, TONY 2928 S. COMBER RD EATON PARK, FL 33804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33849-0451 P.O. Box 451 Kathleen FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KASTRINOS, MARIA 2928 S. COMBER RD EATON PARK, FL 33804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 451 Kathleen FL 33849-0451		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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					
SIGNATURE: Maria Kastrinos 4/13/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					