

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000134350

1. Entity Name  
TONY'S DINER, INC.



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

04-26-2007 90208 022 \*\*\*150.00

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.

04132007 Chg-P CR2E034 (12/06)

City & State

City & State

Kathleen FL

4. FEI Number

21-0637051

Applied For

Not Applicable

Zip

Zip

33849

Country

POLK

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEITH, W.C.  
1517 COMMERCIAL PARK DR  
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

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 current registered entity with a 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 \_\_\_\_\_

Signature, typed or printed name of registered agent or registered agent's designee (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

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME KASTRINOS, TONY  
STREET ADDRESS 2928 S. COMBER RD  
CITY-ST-ZIP EATON PARK, FL 33804

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
33849-0451

P.O. Box 451 Kathleen FL

TITLE DV  
NAME KASTRINOS, MARIA  
STREET ADDRESS 2928 S. COMBER RD  
CITY-ST-ZIP EATON PARK, FL 33804

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

P.O. Box 451 Kathleen FL 33849-0451

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

Daytime Phone #