

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000000994

1. Entity Name  
PITSOUNI DINING, INC.



Principal Place of Business  
17105 SAN CARLOS BLVD #B5 & 6  
FT. MYERS BEACH, FL 33931 US

Mailing Address  
17105 SAN CARLOS BLVD #B5 & 6  
FT. MYERS BEACH, FL 33931 US



04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0576151

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TSAGANIS, EVGENIA  
4786 ALBACORE LANE  
FT MYERS, FL 33919

**DO NOT WRITE  
IN THIS SPACE**

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: 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**

TITLE	D
NAME	TSAGANIS, EVGENIA
STREET ADDRESS	4786 ALBACORE LANE
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	C.VP
NAME	TSAGANIS, EVGENIA
STREET ADDRESS	4786 ALBACORE LANE
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	D,P
NAME	PAYNE, DEBORAH
STREET ADDRESS	15721 SONOMA DRIVE APT 203
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	D
NAME	TSAGANIS, EFSTATHIOS
STREET ADDRESS	4786 ALBACORE LANE
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	T,S
NAME	TSAGANIS, EFSTATHIOS
STREET ADDRESS	4786 ALBACORE LANE
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/07-80049-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: DEBORAH T. PAYNE (239) 415-0220 4/23/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #