

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90028 039 ***150.00

DOCUMENT # P04000069700

1. Entity Name
KGV RESTAURANT, INC.



Principal Place of Business
7602 N LOCKWOOD RIDGE RD
SARASOTA, FL 34243

Mailing Address
7602 N LOCKWOOD RIDGE RD
SARASOTA, FL 34243

60007186



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0168715

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVITT, SANDY
2201 RINGLING BLVD.
SUITE 203
SARASOTA, FL 34237

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
VALLE, MIGUEL
STREET ADDRESS
7640 DRAYTEN CIRCLE
CITY-ST-ZIP
UNIVERSITY PARK, FL 34201

TITLE
NAME
D
KAROUNOS, DINO
STREET ADDRESS
1055 PEPPERTREE DRIVE #803
CITY-ST-ZIP
SARASOTA, FL 34242

TITLE
NAME
D
GIBSON, DAVID E
STREET ADDRESS
3510 CRYSTAL LAKES COURT
CITY-ST-ZIP
SARASOTA, FL 34235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-06