

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

04-04-2005 90093 016 ***158.75

DOCUMENT # P04000085193					
1. Entity Name CHRIS CATERING SERVICE OF PARRISH, INC.					
Principal Place of Business 12300 BRITT ROAD PARRISH, FL 34219			Mailing Address 12300 BRITT ROAD PARRISH, FL 34219		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1184443	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SFIRAKIS, CHRISTOS 12300 BRITT ROAD PARRISH, FL 34219				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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 <i>Christos Sfirakis</i> CHRISTOS SFIRAKIS PRESIDENT 3/31/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SFIRAKIS, CHRISTOS		NAME		
STREET ADDRESS	12300 BRITT ROAD		STREET ADDRESS		
CITY - ST - ZIP	PARRISH, FL 34219		CITY - ST - ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SFIRAKIS, MATTHEW		NAME		
STREET ADDRESS	12300 BRITT ROAD		STREET ADDRESS		
CITY - ST - ZIP	PARRISH, FL 34219		CITY - ST - ZIP		
TITLE	TRES	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SFIRAKIS, NICKOLAOS		NAME		
STREET ADDRESS	12300 BRITT ROAD		STREET ADDRESS		
CITY - ST - ZIP	PARRISH, FL 34219		CITY - ST - ZIP		
TITLE	SECR	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SFIRAKIS, STAVROULA S		NAME		
STREET ADDRESS	12300 BRITT ROAD		STREET ADDRESS		
CITY - ST - ZIP	PARRISH, FL 34219		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 <i>Christos Sfirakis</i> CHRISTOS SFIRAKIS PRESIDENT 3/31/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66010103



03282005 Chg-P CR2E034 (10/03)