

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90144 022 ***150.00

DOCUMENT # P04000114234

1. Entity Name
GRABBYS, INC.



Principal Place of Business
**1932 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980**

Mailing Address
**1932 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980**



03262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1672560	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**GRAMMATIS, JOHN
1932 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980**

**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, 2008 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 STREET ADDRESS CITY - ST - ZIP	PRES GRAMMATIS, JOHN 1932 KINGS HIGHWAY PORT CHARLOTTE, FL 33980
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV GRAMMATIS, BARBARA 1932 KINGS HIGHWAY PORT CHARLOTTE, FL 33980
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GALANOPOULOS, GEORGIOS 1932 KINGS HIGHWAY PORT CHARLOTTE, FL 33980
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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 #

4-10-06 (941) 629-4722