

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-27-2006 90152 011 ***150.00

DOCUMENT # P04000160044 1. Entity Name VERTORIS PIZZA HOUSE REST. INC	
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Principal Place of Business 6830 14TH STREET WEST BRADENTON, FL 34207	Mailing Address 6830 14TH STREET WEST BRADENTON, FL 34207
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DO NOT WRITE IN THIS SPACE

40064740



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1652161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEHEW, JACK A
3820 NORTHDAL BLVD
SUITE 300-B
TAMPA, FL 33624

**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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAPAGIANIS, VASILIOS 5174 NORTHRIDGE ROAD APT 107 SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARMAN CHRISTINE TAYLOR 5576 EASTWIND DRIVE SARASOTA, FL 34237
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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 #