

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90221 042 ***150.00

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07012005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000162833 1. Entity Name SMYRNA RESTAURANT EQUIPMENT, INC.					
Principal Place of Business 1001 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168			Mailing Address 1001 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-2159368	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLFETAS, GEORGE 1001 N DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOLFETAS, GEORGE		NAME		
STREET ADDRESS	1001 N DIXIE FREEWAY		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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>George Molfetas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>7/1/05</i> Daytime Phone #		

ATTACHMENT

50054901
P04000162833

Smyrna Restaurant Equipment, Inc.

1001 N. Dixie Freeway
New Smyrna Beach, FL 32168
(386) 428-1877

July 1, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2005 Annual Report

Gentlemen:

Enclosed you will find our completed Annual Report and our check in the amount of \$150.00.

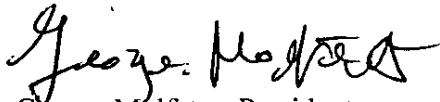
We respectfully request you abate the \$400.00 penalty for 2005. We are a new corporation and did not understand that, even this 1st year, we should have filed an Annual Report by May 1, 2005.

We will ensure that the Annual Report is filed on time in the future.

Thank you for your consideration. We will await your decision.

Sincerely,

Smyrna Restaurant Equipment, Inc.


George Molfetas, President

GM/jk

Enclosures: Annual Report
Check