FILED
Apr 30, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000105453

1. Entity Name
PRIME CHOICE STEAKHOUSE, INC.

Principal Place of Business	Mailing Address
3750 U.S. HIGHWAY 27 NORTH SUITE 2 A-B SEBRING, FL 33870	3750 U.S. HIGHWAY 27 NORTH SUITE 2 A-B SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3251731

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EMANOLIDIS, JOHN
3750 U.S. HIGHWAY 27 NORTH
SUITE 2 A-B
SEBRING, FL 33870

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

→ **FILE NOW!!! FEE IS $150.00**
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	EMANOLIDIS, JOHN G
STREET ADDRESS	121 LAKE TROUT DRIVE
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VP
NAME	TSAKALOS, DIMITRIOS
STREET ADDRESS	3750 U.S. HIGHWAY 27 NORTH, SUITE 2A-B-
CITY-ST-ZIP	SEBRING, FL 33825
TITLE	VP
NAME	TSAKALOS, MARIA
STREET ADDRESS	3750 U.S. HIGHWAY 27 NORTH, SUITE 2A-B-
CITY-ST-ZIP	SEBRING, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000749332
05/18/07-80017-025 150.00

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: John Emanolidis 4-25-07 863 385 9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #