

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048807

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: CENTRAL PARK FAMILY RESTAURANT, INC.

## Current Principal Place of Business:

2766 MCNAIR DR  
PALM HARBOR, FL 34683

## New Principal Place of Business:

7657 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

## Current Mailing Address:

2766 MCNAIR DR  
PALM HARBOR, FL 34683

## New Mailing Address:

7657 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

FEI Number: 20-4662897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TINGIRIDES, STAVROS  
804 N BELCHER RD STE 100  
CLEARWATER, FL 33765 US

## Name and Address of New Registered Agent:

MICHAEL, KYRIACOS  
7657 STATE ROAD 54  
NEW PORT RICHEY, FL 34653 US

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.

SIGNATURE: KYRIACOS MICHAEL

03/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MICHAEL, CHARLIE  
Address: 2335 BARKWOOD PASS  
City-St-Zip: CLEARWATER, FL 33763

Title: D ( ) Delete  
Name: MICHAEL, CHRIS  
Address: 2766 MCNAIR DR  
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MICHAEL, KYRIACOS  
Address: 2335 BARKWOOD PASS  
City-St-Zip: CLEARWATER, FL 33763

Title: DS (X) Change ( ) Addition  
Name: MICHAEL, CHRIS  
Address: 2766 MCNAIR DR  
City-St-Zip: PALM HARBOR, FL 34683

Title: V ( ) Change (X) Addition  
Name: MICHAEL, REVEKKA  
Address: 2766 MCNAIR DR  
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REVEKKA MICHAEL

V

03/14/2007

Electronic Signature of Signing Officer or Director

Date