

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000106491

1. Entity Name  
YIANNI'S THREE OF SUNTREE, INC.



Principal Place of Business  
7777 NORTH WICKHAM ROAD  
MELBOURNE, FL 32940

Mailing Address  
7777 NORTH WICKHAM ROAD  
MELBOURNE, FL 32940

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05302008

Chg-P

CR2E034 (12/06)

4. FEI Number

32-0178242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIPPA, JOHN  
7777 NORTH WICKHAM ROAD  
MELBOURNE, FL 32940

Name Efthimios Sikolas

Street Address (P.O. Box Number is Not Acceptable)

7777 N Wickham Rd

City Melbourne

FL

Zip Code 32940

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME D  
PIPPA, JOHN ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP 7777 NORTH WICKHAM ROAD  
MELBOURNE, FL 32940

TITLE  
NAME D/P ☐ Change ☒ Addition  
Sikolas, Efthimios  
STREET ADDRESS  
CITY-ST-ZIP 7777 N Wickham Rd  
Melbourne FL 32940

TITLE  
NAME O ☒ Delete  
CARNEVALE, MICHELLE  
STREET ADDRESS  
CITY-ST-ZIP 7777 NORTH WICKHAM ROAD  
MELBOURNE, FL 32940

TITLE  
NAME D/P ☐ Change ☒ Addition  
Sikolas, Maria I.  
STREET ADDRESS  
CITY-ST-ZIP 7777 N Wickham Rd  
Melbourne, FL 32940

TITLE  
NAME ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 #

FILED

08 JUN -9 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

