


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-22-2007 90012 023 ***150.00

DOCUMENT # P06000126231			
1. Entity Name GEORGIE'S GREEK TASTY FOOD INC.			
Principal Place of Business 2817 BRADENTON AVENUE PANAMA CITY, FL 32405		Mailing Address 2817 BRADENTON AVENUE PANAMA CITY, FL 32405	
2. Principal Place of Business - No P.O. Box # 2826 Bradenton Ave		3. Mailing Address 2826 Bradenton Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Panama City FL		City & State PANAMA CITY FL	
Zip 32405		Zip 32405	
Country USA		Country USA	
4. FEI Number 41-2218051		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORR, GEORGIA K 2817 BRADENTON AVENUE PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name: GEORGIA K. ORR Street Address (P.O. Box Number is Not Acceptable) 2826 Bradenton Ave City: PANAMA CITY FL Zip Code: 32405	
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: Georgia K. Orr DATE: 3-28-07 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ORR, GEORGIA K 4419 ROCKWELL CHICAGO, IL 60625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALOS, KIMON 2817 BRADENTON AVENUE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 registered 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: Georgia K. Orr		DATE: 3-28-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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