## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2008 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State					
DOCUMENT # P0700056100  1. Entity Name A&K GREEK BROTHERS INC.							03-03-2008	90195 0	35 ***150.	00	
Principal Place of Business 12650 STARKEY ROAD SUITE 12670 LARGO, FL 33773		Mailing Address 12650 STARKEY ROAD SUITE 12670 LARGO, FL 33773			400		11 <b>1 10 11 11 11 11 11</b>	EIIBA HDIA BOUII BRIII	<b>11</b> 1		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072008	Chg-P	CR2E	034 (12/06)			
City & State		City & State				4. FEI Numbe	-017	981		olied For Applicable	
Zip	Country	Zip	Count	try	-		of Status Desired		\$8.75 Addit Fee Required		
6. Name and Address of Current Registered Agent						7. Name and	Address of New I	Registered	Agent		
PAPANIKOS; ATHANASIOS				Name							
5950 BURI	LINTON AVE N.		Street Add	Street Address (P.O. Box Number is Not Acceptable)							
12 19 19 19 19 19 19 19 19 19 19 19 19 19				City					Zip Code		
				,				FI	-		
the obligat	'named entity submits this statement lo ions of registered agent.	r the purpose of changing its r	egistere	ed office or re	egister	ed agent, or bot	h, in the State of F	lorida. I an	ı familiar with, a	and accept	
SIGNATURE		and title if ennicable (NOTE-	Recistered	d Ament eignotus	required	when reinstating)		DATE			
	Supraction, typed or printed name or registered agent	and use ii applicable. (NO12.	nagistorac	2 Agent signature		Willer (Biristatary)		DATE	· · · · ·		
FIL	E NOW!!! FEE IS \$150.00 ay_1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contri		ncing	<b>\$5</b> . Add	.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTORS	IN 11	
TITLE 4	P	☐ Defete	TITLE						Change	Addition	
NAME	PAPANIKOS, ATHANASIOS		NAME	E		/ -		- 5	<u>سري، د</u>		
STREET ADDRESS	5950 BURLINGTON AVE N.			ET ADDRESS	54	5 4E	CSHWI O, FL	N D	FIVE		
CITY-ST-ZIP	ST: PETE, FL 33710	<u> </u>	-	I		- 14 K G	O, FL	55		CT Address	
TITLE NAME	PAPANIKOS, KOSTANTINOS	Delete	TITLE	1					Change	Addition	
STREET ADDRESS	19 BRADT RD.			ET ADDRESS							
CITY-ST-ZIP	REXFORD, NY 12148		CITY	-ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME CAREET ADDRESS	1		NAMI	ł							
STREET ADDRESS CITY-ST-ZIP		_		ET ADDRESS - ST - ZIP							
TITLE		☐ Đelete	TITLE						Change	Addition	
NAME STREET ADDRESS			NAMI	i							
CITY-ST-ZIP				ET ADDRESS - ST- ZIP							
TITLE		☐ Defete	TITLE	:					☐ Change	Addition	
NAME		-	MAM								
STREET ADDRESS CITY-ST-ZIP		•		ET ADDRESS -ST-ZIP							
TITLE		. Defete	TITLE	<del></del>		<del></del>			Change	Addition	
NAME			NAMI						C. Shange	, vacamon	
STREET ADDRESS	* *			ET ADDRESS				-			
CITY-ST-ZIP		Albert Billian alan.	<u> </u>	-ST-ZIP				11. 4		,	
iz. inerenvi	certify that the information supplied with	ricus unos goes not quality for	THE EXE	emplions cor	വവസഭവ	rın Chapter 119	i rionga Statutas	THUMBER CO	errity that the in	tormation	

2. 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

२/१५/08 (७७)

Daytime Phone #