

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90069 050 ***150.00

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01252007 Chg-P CR2E034 (12/06)

DOCUMENT # P93000060445 1. Entity Name PAPPAS DRIVE-IN & FAMILY RESTAURANT, INC.					
Principal Place of Business C/O CHRIS PAPPAS 231 QUAY ASSISI NEW SMYRNA BEACH, FL 32169 US			Mailing Address C/O CHRIS PAPPAS 231 QUAY ASSISI NEW SMYRNA BEACH, FL 32169 US		
2. Principal Place of Business - No P.O. Box # 231 Quay Assisi		3. Mailing Address P.O. Box 689			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State New Smyrna Beach, FL		City & State New Smyrna Beach, FL		4. FEI Number 59-3200319	
Zip 32169		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32170		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPPAS, CHRIS 231 QUAY ASSISI NEW SMYRNA BEACH, FL 32169			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 231 Quay Assisi City New Smyrna Beach FL Zip Code 32169		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE: _____					
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	PTD PAPPAS, CHRIS 48 FAIRGREEN AVE. NEW SMYRNA, FL 32169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 689 New Smyrna Beach, FL 32170	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAPPAS, SOULA 1105 N DIXIE FREEWAY NEW SMYRNA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 689 New Smyrna Beach, FL 32170	
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	
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	
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	
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 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:			Date: _____ Daytime Phone #: _____		