

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P94000035316

1. Entity Name

WIDOW BROWN'S RESTAURANT, INC.



Principal Place of Business

2076 SEMINOLE BLVD
SEMINOLE, FL 34646

Mailing Address

2076 SEMINOLE BLVD
SEMINOLE, FL 34646



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3245410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOKKINAKOS, LOUIS
2076 SEMINOLE BLVD
SEMINOLE, FL 34646

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000853417
03/26/08-90069-010 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME KOKKINAKOS, LOUIS
STREET ADDRESS 2076 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE, FL 34646

TITLE DST
NAME KOKKINAKOS, KATHERINE A
STREET ADDRESS 2076 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE, FL 34646

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CITY-ST-ZIP

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IN THIS SPACE**

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 #

Louis Kokkinakos
President

3/10/08