


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000075598	
1. Entity Name PETER'S FAMILY RESTAURANT, INC.	

Principal Place of Business 2101 STARKEY RD 14 LARGO, FL 33771	Mailing Address 1816 EAGLES TRACE PALM HARBOR, FL 34685
--	--



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3336674	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GIALOUSAKIS, PETER 1816 EAGLES TRACE PALM HARBOR, FL 34685
--

DO NOT WRITE 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.

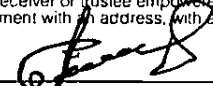
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
11. NAME DIRECT ADDRESS CITY-STATE-ZIP	PD GIALOUSAKIS, PETER 1816 EAGLES TRACE PALM HARBOR, FL 34685
12. NAME DIRECT ADDRESS CITY-STATE-ZIP	
13. NAME DIRECT ADDRESS CITY-STATE-ZIP	
14. NAME DIRECT ADDRESS CITY-STATE-ZIP	
15. NAME DIRECT ADDRESS CITY-STATE-ZIP	
16. NAME DIRECT ADDRESS CITY-STATE-ZIP	

DO NOT WRITE 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:  **Peter Gialousakis**
President 5/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Base** **Daytime Phone #**