

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90029 042 ***150.00

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1. Entity Name
SANTORINI SEAFOOD & GRILL, INC.



Principal Place of Business
**698 DODECANESE BLVD
TARPON SPRINGS, FL 34689**

Mailing Address
**698 DODECANESE BLVD
TARPON SPRINGS, FL 34689**

50017609



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3419746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MANGLIS, THEOFILOS
698 DODECANESE BLVD
TARPON SPRINGS, FL 34689**

**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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/05

**FILE NOW!!! FEB 15 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MANGLIS, THEOFILOS
698 DODECANESE BLVD
TARPON SPRINGS, FL 34689**

TITLE
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CITY-ST-ZIP

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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 exemption stated in Section 119.07(3)(i), 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)

THEO MANGLIS

Date

Daytime Phone #