

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90011 041 ***150.00

DOCUMENT # P97000067012

1. Entity Name
HOLIDAY FAMILY RESTAURANT, INC.



Principal Place of Business
**1128 US ALT 19 N
HOLIDAY, FL 34691 US**

Mailing Address
**1128 US ALT 19 N
HOLIDAY, FL 34691 US**

34017310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3461229

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELANDINOS, GEORGE
2428 PARK STREAM AVENUE
CLEARWATER, FL 34619**

Name
MELANDINOS, GEORGE

Street Address (P.O. Box Number is Not Acceptable)

2428 PARKSTREAM AVENUE

City
CLEARWATER

FL

Zip Code
33759

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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
**D
MELANDINOS, GEORGE
2428 PARK STREAM AVENUE
CLEARWATER, FL 34619** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MELANDINOS, GEORGE
2428 PARKSTREAM AVE
CLEARWATER, FL. 33759** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

George Melandinos

GEORGE MELANDINOS

MARCH 5 2004

(727)

937-3228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #