

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000058929 1. Entity Name ACROPOL FAMILY RESTAURANTS, INC.																													
Principal Place of Business 1170 STARKEY ROAD LARGO FL 34641			Mailing Address 1170 STARKEY ROAD LARGO FL 34641																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 59-3519823																									
5. Certificate of Status Desired ☐				Applied Fee Not Applied																									
6. Name and Address of Current Registered Agent GARDNER, JOHN C 311 SOUTH MISSOURI AVENUE CLEARWATER FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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 one if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐																									
\$5.00 Max. Added to Fee				10. OFFICERS AND DIRECTORS																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Peter Stavrakos</i> 14-1-06 727 581-9 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													