

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90013 038 ***150.00

DOCUMENT # P98000095333

1. Entity Name
OLYMPIAN RESTAURANT & BAR, INC.



Principal Place of Business
4139 E BUSCH BLVD
TAMPA, FL 33617

Mailing Address
4139 E BUSCH BLVD
TAMPA, FL 33617

54008364



02082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

13801 46th ST. N.
Suite, Apt. #, etc.

3. Mailing Address

POB 290192
Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA

City & State
TAMPA, FL

4. FEI Number
59-3539190

Applied For
Not Applicable

Zip
33613

Country
HILLSBOROUGH

Zip
33687

Country
HILLS

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

KALOJIANNIS, KAROL
4139 E BUSCH BLVD
TAMPA, FL 33617

Name

Street Address (P.O. Box Number is Not Acceptable)
2516 PADRE ALLEN DR
ISLAND

City
PUNTA GORDA

FL

Zip Code
33950

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

Karol Kalojiannis
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, 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 D ☐ Delete
NAME KALOJIANNIS, KAROL
STREET ADDRESS 4139 E BUSCH BLVD
CITY-ST-ZIP TAMPA, FL 33617

TITLE ☒ Change ☐ Addition
NAME 2516 PADRE ALLEN DR
STREET ADDRESS ISLAND
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D ☐ Delete
NAME KALOJIANNIS, NICHOLAS
STREET ADDRESS 4139 E BUSCH BLVD
CITY-ST-ZIP TAMPA, FL 33617

TITLE ☒ Change ☐ Addition
NAME 7920 CIRCUS DR
STREET ADDRESS TAMPA, FL 33631
CITY-ST-ZIP 2516 PADRE ALLEN DR
PUNTA GORDA, FL 33950

TITLE D ☐ Delete
NAME KALOJIANNIS, ANTHONY
STREET ADDRESS 4139 E BUSCH BLVD
CITY-ST-ZIP TAMPA, FL 33617

TITLE ☒ Change ☐ Addition
NAME 2516 PADRE ALLEN DR
STREET ADDRESS ISLAND
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Karol Kalojiannis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04 813-8661486
Date Daytime Phone #

KAROL KALOJIANNIS