

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90395 048 \*\*\*150.00

**DOCUMENT # P99000014594**

1. Entity Name

GRECIAN GARDENS RESTAURANT, INC.



Principal Place of Business  
3375 W COUNTY HWY 30-A  
SANTA ROSA BEACH FL 32459

Mailing Address  
3375 W COUNTY HWY 30-A  
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3375 W County Hwy 30-A

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Santa Rosa Beach Florida

City & State

City & State

Zip

Country

Zip

Country

32459

U.S.

4. FEI Number

59-3616796

Applied For

Not Applicable

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

JAZAYERI, ALEXANDRA  
3375 W COUNTY HWY 30-A  
SANTA ROSA BEACH FL 32459

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME JAZAYERI, ALEXANDRA  
STREET ADDRESS ~~P.O. BOX 4715 N/A~~ 3375 W County Hwy 30-A  
CITY-ST-ZIP SEASIDE FL 32459 Santa Rosa Beach Fl.

TITLE D ☐ Delete  
NAME JAZAYERI, GREGORY  
STREET ADDRESS ~~P.O. BOX 4715 N/A~~  
CITY-ST-ZIP SEASIDE FL 32459 Same.

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexandra Jazayeri 2/1/04

850-267-3011

Daytime Phone #