

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90003 047 ***150.00

DOCUMENT # P99000014594 1. Entity Name GRECIAN GARDENS RESTAURANT, INC.	
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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
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DO NOT WRITE IN THIS SPACE



06042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3616796	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JAZAYERI, ALEXANDRA 3375 W COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAZAYERI, ALEXANDRA 3375 W COUNTY HWY 30 A SEASIDE, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAZAYERI, GREGORY 3375 W COUNTY HWY 30-A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Georgia Kopoulos</i> KOPOLOS, ALEXIA G 3375 W COUNTY HWY 30 A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **6/21/07** **850-267-3011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Alexandra Jazayeri