

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90551 020 ***150.00

DOCUMENT # P99000097946

1. Entity Name
ABC RESTAURANT SUPPLIES & EQUIPMENT OF FORT MYERS, INC.



Principal Place of Business
**24532 SAILFISH STREET
BONITA SPRINGS, FL 33134 US**

Mailing Address
**24532 SAILFISH STREET
BONITA SPRINGS, FL 33134 US**

14015131



2. Principal Place of Business
4634 PALM BEACH BLVD.

3. Mailing Address
4634 PALM BEACH BLVD.

Suite, Apt. #, etc.
SECOND FLOOR

Suite, Apt. #, etc.
SECOND FLOOR

01272005 Chg-P CR2E034 (10/03)

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
65-0965708

Applied For
Not Applicable

Zip
33905

Country
USA

Zip
33905

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATRAS-VENTIS, JOANNE
24532 SAILFISH STREET
BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent

Name
VENETIS, THOMAS C.

Street Address (P.O. Box Number is Not Acceptable)
4634 PALM BEACH BLVD.

SECOND FLOOR

City
FORT MYERS

FL

Zip Code
33905

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 **THOMAS C. VENETIS** **4/28/05**
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPST
PATRAS-VENTIS, JOANNE
24532 SAILFISH STREET
BONITA SPRINGS, FL 34134**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: **JOANNE PATRAS-VENETIS, PRES. 4/28/05 (239) 690-2828**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #