

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90094 029 \*\*\*150.00

<b>DOCUMENT # P99000100168</b> 1. Entity Name <b>TAKIS RESTAURANT, INC.</b>			
Principal Place of Business <b>2710 KENILWORTH BOULEVARD SEBRING, FL 33870</b>		Mailing Address <b>2710 KENILWORTH BOULEVARD SEBRING, FL 33870</b>	
2. Principal Place of Business - No P.O. Box # <b>2614 Mellow Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>2614 Mellow Lane</b> Suite, Apt. #, etc.	
City & State <b>Sebring FL</b> Zip <b>33870</b>		City & State <b>Sebring FL</b> Zip <b>33870</b>	
4. FEI Number <b>59-3607681</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MOUNTAKIS, COSAS 2720 KENILWORTH BOULEVARD SEBRING, FL 33870</b>		7. Name and Address of New Registered Agent Name <b>Costas Mountakis</b> Street Address (P.O. Box Number is Not Acceptable) <b>2614 Mellow Lane</b> City <b>Sebring</b> <b>FL</b> Zip Code <b>33870</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MOUNTAKIS, COSTAS 2720 KENILWORTH BOULEVARD SEBRING, FL 33870</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2614 Mellow Lane</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MOUNTAKIS, MARINA 2720 KENILWORTH BOULEVARD SEBRING, FL 33870</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2614 Mellow Lane</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u><i>Costas Mountakis</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>5-1-07</u> Date Daytime Phone #	