

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S06884**

1. Entity Name  
**COUNTRY PIZZA INN, INC.**



Principal Place of Business

**25856 US 19 N  
CLEARWATER, FL 33763 --US**

Mailing Address

**PO BOX 15809  
CLEARWATER, FL 33766-5809 US**



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3033727**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALIMONOS, ARTHUR  
3419 OAK CREEK DR E  
CLEARWATER, FL 33761**

**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: *Arthur Alimonos*

Signature and typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/11/2008*  
DATE

U760000000000

02/26/08-80099-008 158.75

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALIMONOS, ARTHUR
STREET ADDRESS	3419 OAK CREEK DR E
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	S
NAME	ALIMONOS, ANGELIKY
STREET ADDRESS	3419 OAK CREEK DR E
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	T
NAME	ALIMONOS, NICK
STREET ADDRESS	1653 WATER OAK DR
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VP
NAME	ALIMONOS, CONSTANTINOS
STREET ADDRESS	2805 NEWBERN WAY
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	CFO
NAME	KARRAPATEAS, BESSIE A
STREET ADDRESS	2461 HIDDEN PINE LANE
CITY-ST-ZIP	CLEARWATER, FL 33761
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: *Arthur Alimonos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/11/2008*  
Date

Daytime Phone #