

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S06884

Entity Name: COUNTRY PIZZA INN, INC.

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

25856 US 19 N
CLEARWATER, FL 33763 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15809
CLEARWATER, FL 337665809 US

New Mailing Address:

FEI Number: 59-3033727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALIMONOS, ARTHUR
Address: 3419 OAK CREEK DR E
City-St-Zip: CLEARWATER, FL 33761

Title: S () Delete
Name: ALIMONOS, ANGELIKY
Address: 3419 OAK CREEK DR E
City-St-Zip: CLEARWATER, FL 33761

Title: T () Delete
Name: ALIMONOS, NICK
Address: 1653 WATER OAK DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP () Delete
Name: ALIMONOS, CONSTANTINOS
Address: 2805 NEWBERN WAY
City-St-Zip: CLEARWATER, FL 33761

Title: CFO () Delete
Name: KARRAPATEAS, BESSIE A
Address: 2461 HIDDEN PINE LANE
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALIMONOS, CONSTANTINOS
Address: 4859 CROSS POINTE DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: CFO (X) Change () Addition
Name: KARRAPATEAS, BESSIE A
Address: 2461 HIDDEN PINE LANE
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANTINOS ALIMONOS

V.P.

06/23/2009

Electronic Signature of Signing Officer or Director

Date