


Address Correction

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91224 023 ***150.00

DOCUMENT # S33583 1. Entity Name PAPA LOUIS RESTAURANT, INC.	
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Principal Place of Business 12601 11612 N NEBRASKA AVENUE #C B TAMPA, FL 33612	Mailing Address 12601 11612 N NEBRASKA AVENUE #C B TAMPA, FL 33612
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04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3067875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

12601 KABOUGERIS, PETE
11612 N NEBRASKA AVENUE #C B
TAMPA, FL 33612

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DP KABOUGERIS, PETE 11612 N NEBRASKA AVENUE #C TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KABOUGERIS, STAVROULA 11612 N NEBRASKA AVENUE #C TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KABOUGERIS, GEORGIA 11612 N NEBRASKA AVENUE #C TAMPA, FL 33612
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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 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 officers and directors.

SIGNATURE: Pete Kabougeris President Date: 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR