

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-15-2006 90098 033 ***150.00

DOCUMENT # S40073

1. Entity Name
ENVER'S RESTAURANT, INC.



Principal Place of Business
**443 MAIN STREET
SAFETY HARBOR, FL 34695**

Mailing Address
**443 MAIN STREET
SAFETY HARBOR, FL 34695**

0000/0000



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3058300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PIETRAFESA, PAUL
25400 US 19 NORTH, #260
CLEARWATER, FL 34623**

**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 *Enver's Restaurant*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

7-1-06

**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	TZEKAS, ENVER
STREET ADDRESS	235 BAYSIDE DR.
CITY-ST-ZIP	CLEARWATER BEACH, FL 34630
TITLE	V
NAME	TZEKAS, ZAIDE
STREET ADDRESS	235 BAYSIDE DR.
CITY-ST-ZIP	CLEARWATER BEACH, FL 34630
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Enver Tzekas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7-24-06 727 725 208