

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V22741

1. Entity Name
EUROPA RESTAURANT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 11 PM 2:59

Principal Place of Business
12125 INDIAN ROCKS RD
LARGO, FL 33774 US

Mailing Address
12125 INDIAN ROCKS RD
LARGO, FL 33774 US

2. Principal Place of Business
449 CENTRAL AVE
Suite, Apt. #, etc.

3. Mailing Address
449 CENTRAL AVE
Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL
Zip 33701 Country PINELLAS

City & State
ST. PETERSBURG FL
Zip 33701 Country PINELLAS



06082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3114496
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NIKOLIC, STEVE
759 41ST AVENUE N.E.
ST. PETERSBURG, FL 33703

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME NIKOLIC, STEVE
STREET ADDRESS 759 41ST AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE D ☐ Delete
NAME NIKOLIC, MARY
STREET ADDRESS 759 41ST AVE. N.E.
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE VP ☐ Delete
NAME NIKOLIC, JANET Z
STREET ADDRESS 8521 MEADOWBROOK DR
CITY-ST-ZIP LARGO, FL 33777

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700038144677
CITY-ST-ZIP 06/22/04--01005--003 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE: Steve Nikolic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 727-821-2111
Date Daytime Phone #

6/11/04