

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-08-2004 90018 036 \*\*\*150.00

J69201

FILED

04 APR 16 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # J69201**  
1. Entity Name  
**TAKI'S PIZZA NO. 1 OF LEESBURG, INC.**

Principal Place of Business <b>% GARIFALIA TSOLAKIS 1324 NORTH BLVD LEESBURG FL 34748</b>	Mailing Address <b>% GARIFALIA TSOLAKIS 1324 NORTH BLVD LEESBURG FL 34748</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**TSOLAKIS, GARIFALIA  
1324 NORTH BLVD.  
LEESBURG FL 32748**

4. FEI Number  
**592938434**

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

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

**FILE NOW!!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	D TSOLAKIS, GARIFALIA 1324 NORTH BLVD. LEESBURG FL <input type="checkbox"/> Delete
TITLE	D TSOLAKIS, DEMETRIOS 1324 NORTH BLVD. LEESBURG FL <input type="checkbox"/> Delete
TITLE	T TSOLAKIS, STEVE 1324 NORTH BLVD LEESBURG FL <input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **4/5/04** **352787-2344**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #