

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90051 024 ***150.00

DOCUMENT # J69201

1. Entity Name

TAKI'S PIZZA NO. 1 OF LEESBURG, INC.



Principal Place of Business

% GARIFALIA TSOLAKIS
 1324 NORTH BLVD
 LEESBURG FL 34748

Mailing Address

% GARIFALIA TSOLAKIS
 1324 NORTH BLVD
 LEESBURG FL 34748

00016627



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2938434

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TSOLAKIS, GARIFALIA
 1324 NORTH BLVD.
 LEESBURG FL 32748

7. Name and Address of New Registered Agent

Name

TSOLAKIS STEVE

Street Address (P.O. Box Number is Not Acceptable)

1324 N. BLVD W.

City

LEESBURG

FL

Zip Code

34748

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

2/1/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	<input type="checkbox"/> Delete
NAME	TSOLAKIS, GARIFALIA	
STREET ADDRESS	1324 NORTH BLVD.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TSOLAKIS, DEMETRIOS	
STREET ADDRESS	1324 NORTH BLVD.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TSOLAKIS, STEVE	
STREET ADDRESS	1324 NORTH BLVD	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER OR T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSOLAKIS, GARIFALIA	
STREET ADDRESS	E-SAME	
CITY-ST-ZIP		
TITLE	PRESIDENT OR P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSOLAKIS, DIMITRIOS	
STREET ADDRESS	E-SAME	
CITY-ST-ZIP		
TITLE	VICE PRESIDENT OR V/P/D/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSOLAKIS, STEVE	
STREET ADDRESS	E-SAME	
CITY-ST-ZIP		
TITLE	SECRETARY OR S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSOLAKIS, KATERINA	
STREET ADDRESS	1324 N. BLVD W.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	SECRETARY OR S DIRECTOR OR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSOLAKIS, NICK	
STREET ADDRESS	1324 N. BLVD W.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05 352-707-2344
 DATE Daytime Phone #