


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90363 020 ***150.00

DOCUMENT # 672781
 1. Entity Name
DINO'S PIZZA NO. 301, INC.



Principal Place of Business Mailing Address
6346 LANTANA RD **6346 LANTANA RD**
STE 74 **STE 74**
LAKE WORTH, FL 33463 US **LAKE WORTH, FL 33463 US**

50041396



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
59-2006047 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
HORVATH, WILLIAM JOSEPH JR
6346 LANTANA RD
STE 74
LAKE WORTH, FL 33463

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HORVATH, WILLIAM JOSEPH	
STREET ADDRESS	6346 LANTANA RD, #74	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HORVATH, ROBERT JOHN	
STREET ADDRESS	6346 LANTANA RD, #74	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HORVATH, WILLIAM JOHN	
STREET ADDRESS	6346 LANTANA RD, #74	
CITY-ST-ZIP	LAKE WORTH, FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  Date: **4-6-05** Daytime Phone #: **561 969-7911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR