


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000069864**  
 1. Entity Name  
**MILONE'S PIZZERIA & SUBS, INC.**



Principal Place of Business      Mailing Address  
 251 N. AMELIA AVENUE      251 N. AMELIA AVENUE  
 DELAND, FL 32724-4321      DELAND, FL 32724-4321

**DO NOT WRITE IN THIS SPACE**



03132006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3659772**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLUNI, VINCENZA**  
 251 N. AMELIA AVENUE  
 DELAND, FL 32724-4321

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

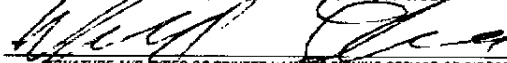
**U00000559572**  
**05/18/06-80005-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILONE, GAETANO
STREET ADDRESS	5107 - N. 2ND ST.
CITY - ST - ZIP	LOVES PARK, IL 61111
TITLE	D
NAME	MILONE, JOSEPHINE
STREET ADDRESS	5107 - N. 2ND ST.
CITY - ST - ZIP	LOVES PARK, IL 61111
TITLE	P
NAME	BLUNI, VINCENZO
STREET ADDRESS	635 HARTLEY LANE
CITY - ST - ZIP	DELTONA, FL 32725
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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-06**    **386**  
**574-4169**  
 Date      Daytime Phone