

2008
FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P0000069864
 1. Entity Name
MILONE'S PIZZERIA & SUBS, INC.



FILED
 08 MAY 23 AM 11:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FFI 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

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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 fees if applicable (NOTE: Registered Agent signature required when in state) 11/11

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

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	835 HARTLEY LANE
CITY - ST - ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

M/5/28

300130927103
 06/05/08--01043--006 **150.00

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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 or without the empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/08 386-874-6165