


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90162 037 ***150.00

DOCUMENT # P00000074651

1. Entity Name
 ORLANDO-BEACH PIZZA, INC.



Principal Place of Business
 3047-2 ST JOHNS BLUFF RD S
 JACKSONVILLE, FL 32246

Mailing Address
 3047-2 ST JOHNS BLUFF RD S
 JACKSONVILLE, FL 32246

40027500



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3663054

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, THOMAS R
 3047-2 ST JOHNS BLUFF RD S
 JACKSONVILLE, FL 32246

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: Thomas R. Lewis (NOTE: Registered Agent Signature required when reinstating) N/A? DATE: 2/21/06

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, THOMAS R
STREET ADDRESS	3047-2 ST JOHNS BLUFF RD S
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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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: Thomas R. Lewis DATE: 2/21/06 DAYTIME PHONE #: 904 997 9411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40027588

~~\$ 000 000 74651~~



Moving to a New Office!

**Beach Pizza, Inc. &
Orlando-Beach Pizza, Inc.
DBA Domino's Pizza, Inc.**

**Please make a note of our new location.
Send all invoices and bills to the following address:**

**New Address:
11555 Central Parkway
Suite 901
Jacksonville, FL. 32224**

**Old Address:
3047-2 St. Johns Bluff Road S.
Jacksonville, FL. 32246**

**Our phone number and fax number remain the same.
Office: (904)997-9411
Fax: (904)997-9807**

T. Howard S.

10/28/05