


FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90002 035 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000056558
 1. Entity Name
SPECIALTY PIZZA EXPRESS INC.



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| Principal Place of Business 1185 SPRING CENTER S BLVD SUITE 1010 ALTAMONTE SPRING, FL 32714 | Mailing Address 1185 SPRING CENTER S BLVD SUITE 1010 ALTAMONTE SPRING, FL 32714 |
|--|--|

44046500



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3326073 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

LIGDA, CARL M
 1185 SPRING CENTER BLVD
 STE 1010
 ALTAMONTE SPRINGS, FL 32714

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LIGDA, CARL 1185 SPRING CENTER BLVD, STE 1 ALTAMONTE SPRINGS, FL 32714 |
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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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 5, 09 4:78690123
Date Daytime Phone #