


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90538 017 \*\*\*158.75

<b>DOCUMENT # 317900</b> 1. Entity Name <b>ALMA'S PIZZA AND ITALIAN RESTAURANT, INC.</b>																															
Principal Place of Business <b>306 NORTH ORLANDO AVE COCOA BEACH, FL 32931</b>		Mailing Address <b>306 NORTH ORLANDO AVE COCOA BEACH, FL 32931</b>																													
2. Principal Place of Business <b>4100 N. Wickham Rd.</b> Suite, Apt. #, etc. <b>Ste 102</b> City & State <b>Melbourne, FL</b> Zip <b>32935-2487</b> Country <b>Brevard</b>		3. Mailing Address <b>4100 N. Wickham Rd.</b> Suite, Apt. #, etc. <b>Ste 102</b> City & State <b>Melbourne, FL</b> Zip <b>32935-2487</b> Country <b>Brevard</b>																													
4. FEI Number <b>59-1174150</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04202004 Chg-P CR2E034 (10/03)																													
6. Name and Address of Current Registered Agent  <b>MORGAN, TIMOTHY R 5805 NORTH BANANA RIVER DR CAPE CANAVERAL, FL 32920</b>		7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>4100 N. Wickham Rd.</b> <b>Suite 102</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32935-2487</b>																													
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: <i>Timothy R. Morgan</i> <b>Timothy R. Morgan</b> <b>4/22/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
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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: <i>Timothy R. Morgan</i> <b>4/22/04</b> <b>321-253 4251</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															