## 2006 FOR PROFIT CORPORATION

## Apr 07, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #354177** 04-07-2006 90020 049 \*\*\*150.00 1. Entity Name PIZZA HUT OF TITUSVILLE, INC. Principal Place of Business Mailing Address 14841 DALLAS PKWY 14841 DALLAS PKWY DALLAS, TX 75254-7552 US DALLAS, TX 75254-7552 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 CR2E034 (11/05) Cha-P City & State 4 FEI Number Applied For City & State 59-1282561 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Change ☐ Addition TITLE ☐ Delete MURPHY, JOHN J NAME NAME STREET ADDRESS STREET ADDRESS 14841 DALLAS PKWY CITY-ST-ZIP DALLAS, TX 752547552 CITY-ST-ZIP VSD TITLE ☐ Change ☐ Addition TITLE Delete SHULTZ, JULIE L NAME NAME STREET ADDRESS 14841 DALLAS PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS, TX 752547552 ☐ Change VTAS TITLE ☐ Delete TITLE ☐ Addition HORN, IDA W NAME NAME STREET ADDRESS 14841 DALLAS PKWY STREET ADDRESS CITY-ST-ZIP DALLAS, TX 752547552 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME

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.

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY - ST - 7IP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

972/338-7700

☐ Addition

☐ Change

**FILED**