


2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # 399334
1. Entity Name
AMERICANO PANCAKE INN & MOTELS, INC



Principal Place of Business 626 JOHN SIMS PARKWAY NICEVILLE, FL 32578 US	Mailing Address 626 JOHN SIMS PARKWAY NICEVILLE, FL 32578
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1470680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**TISA, LEO P
626 JOHN C. SIMS PARKWAY
NICEVILLE, FL 32578**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TISA, STEVEN 626 JOHN C. SIMS PKWY. NICEVILLE, FL 00000, 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TISA, MICHAEL 626 JOHN SIMS PKWY. NICEVILLE, FL 32578
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/14/05-80005-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: _____

7-13-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #