~~ · ~2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 477608

1. Entity Name
DEPIAZZA ENTERPRISES, INC.



FILED Feb 27, 2006 08:00 AN Secretary of State

> Applied For Not Applicable

Principal Place of Business

Mailing Address

228 W KING ST.

228 W. KING ST.

ST. AUGUSTINE, FL 32095-4042 US

ST AUGUSTINE, FL 32095-4042 US



OO NOT WRITE IN THIS SPACE	02072006	No Chg-P	CR2E034 (11/05)
O NOT WRITE IN THIS SPACE	4. FEI Number 59-1610		A
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6. Name and Address of Current Registered Agent

DEPIAZZA, ROBERT BRIAN 228 WEST KING STREET ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

			IN THIS STACE		
	named entity submits this statement for the plions of registered agent.	.t. urpose of changing its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title t	f applicable (NOTE, Registered	Agent signature required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing \$5.00 May Be ☐ Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEPIAZZA, ROBERT BRIAN 228 WEST KING STREET ST. AUGUSTINE, FL			UQ0000449063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				03/09/06-80038-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
title Name Street address City-St-Zip			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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.

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HGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

92329 2839

Daytime Phone