2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER

FILED Jul 12, 2004 8:00 am Secretary of State 07-12-2004 90013 014 ***150.00

1. Entity Name	MEN:I # 59686U ID PAT'S PIZZA AND SUB	S, INC.			-	07 12 200 1 70	7013 01 1	130.00
Principal Place of Business 3501 SW ARCHER ROAD UNIT 100 GAINESVILLE, FL 32608		Mailing Address 3501 SW ARCHER ROAD UNIT 100 GAINESVILLE, FL 32608			44047839			
2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07072004 C	hg-P CR2	2E034 (10/03)	
City & State	9	City & State	.,	4	I. FEI Number 59-1961977		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	!	5. Certificate of Stat	us Desired 🔲	\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent		7	. Name and Addre	ess of New Register	ed Agent	
5011 NW 8	,WALTER M. BTH AVÉ LLE, FL√32605		i ra	Ste 100	D. Box Number is No BRCH1	er Rd -	Tip Code	
the obligati	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered agent. LE NOW!!! FEE IS \$150.00, ue by September 8, 2004	nt and title if applicable. (NO 9. Election Camp	Tone Registered Agent	BUB T I signature required wh	en reinstating) O May Be In a to Fées corr	ne State of Florida. I	am familiar with, 8 0 4 TE 607.193(2)(b),	F.S., the
10.		D DIRECTORS.				IGES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULATEWICZ, ANTHONY J 350 SW/ARCHER RD UNIT 100 GAINESVILLE, FL 32608	∭ Delete . '	NAME STREET ADD CITY-ST-ZI	DRESS 3501	BUILDIE	wicz 150 Rd - S 150 3260		Addition
THLE NAME STREET ADDRESS CITY-ST-ZIP	VST BULATEWICZ, ANTHONY J 3501 SW ARCHER RD UNIT 10 GAINESVILLE, FL 32608	Delete	TITLE NAME STREET ADD	V. P. Chri DRESS 3501	STOPHER	BULATEN HER RO-	Change VICZ Str 100	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	DRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADD CITY-ST-ZI				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	·			☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee error or on an attachment with an address	t is true and accurate and that powered to execute this repo	t my signature : irt as required t	shall have the sa-	me legal effect as if	made under oath; the	at I am an officer	or director