## 2006 FÖŘ PROFIT CORPORATION ANNUAL REPORT (AR)

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## Apr 04, 2006 08:00 AM Secretary of State **DOCUMENT # 658769** 1. Entity Name NAPOLI'S PIZZA, INC. Mailing Address Principal Place of Business 122 WEST STATE ROAD 434 122 WEST STATE ROAD 434 WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-2776290 Not Applicat Zio Country Zip 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 Name BARNARD, GARY 122 WEST STATE ROAD 434 Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 Zip Code City 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 accerthe obligations of registered agent. SIGNATURE DATE Signature, typed or pratied name of registered agent and tipo it applicable (NOTE: Registered Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00 \$5.00 May E 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Detete RULE NAME BARNARD, GARY NAME U00000491132 04/19/06-80010-004 150.00 STREET ADDRESS STREET ADDRESS 122 WEST STATE ROAD 434 CDY-ST-ZIP CKTY-ST-ZM WINTER SPRINGS FL 32708 ☐ Change ☐ Add." Delete TITLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP Delete ☐ Change T \*\*\*\* TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COV-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZYP ☐ Delete TITLE Change Change Addition TITS E MAME STREET ADURESS STREET ADDRESS City-ST-ZiP CITY-ST-ZIP TITLE ☐ Change A.A.a.s. Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.

GARYA BARNARD PRES.

**FILED** 

401-327-0586

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