

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000003372**

1. Entity Name  
**LEDO PIZZA SYSTEM, INC.**



Principal Place of Business  
**2001 TIDEWATER COLONY DR.  
SUITE 203  
ANNAPOLIS, MD 21401**

Mailing Address  
**2001 TIDEWATER COLONY DR.  
SUITE 203  
ANNAPOLIS, MD 21401**



01272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-1645147**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC  
BEALL, ROBERT M  
115 KILBY POINT  
QUEENSTOWN, MD 21658**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCVP  
BEALL, GARTH E  
3317 RODEO DR.  
DAVIDSONVILLE, MD 21035**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
BEALL, MARGARET K  
115 KILBY POINT  
QUEENSTOWN, MD 21658**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BEALL, TROY  
3312 RODEO DR.  
DAVIDSONVILLE, MD 21035**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BEALL, JAMES B  
150 SPRING PLACE WAY  
ANNAPOLIS, MD 21401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BEALL, THELMA W  
869 CLUBHOUSE VILLAGE VIEW  
ANNAPOLIS, MD 21401**

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02/16/06-80030-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*James B Beall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06 410-721-6887  
Date Daytime Phone