

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90038 013 \*\*\*150.00

**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

9001100



01222008 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DC
NAME	BEALL, ROBERT M
STREET ADDRESS	115 KILBY POINT
CITY-ST-ZIP	QUEENSTOWN, MD 21658
TITLE	VCVP
NAME	BEALL, GARTH E
STREET ADDRESS	3317 RODEO DR.
CITY-ST-ZIP	DAVIDSONVILLE, MD 21035
TITLE	DST
NAME	BEALL, MARGARET K
STREET ADDRESS	115 KILBY POINT
CITY-ST-ZIP	QUEENSTOWN, MD 21658
TITLE	D
NAME	BEALL, TROY
STREET ADDRESS	3312 RODEO DR.
CITY-ST-ZIP	DAVIDSONVILLE, MD 21035
TITLE	DP
NAME	BEALL, JAMES B
STREET ADDRESS	150 SPRING PLACE WAY
CITY-ST-ZIP	ANNAPOLIS, MD 21401
TITLE	D
NAME	BEALL, THELMA W
STREET ADDRESS	869 CLUBHOUSE VILLAGE VIEW
CITY-ST-ZIP	ANNAPOLIS, MD 21401

**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:** *Arthur Aaron D. Woody* Vice President 1/22/08 410-721-6887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #