

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F94000001400**

1. Entity Name  
PASTA BOWL INTERNATIONAL, INC.



Principal Place of Business

201 W. FIRST ST.  
SANFORD, FL 32771

Mailing Address

201 W. FIRST ST.  
SANFORD, FL 32771



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3219412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NELSON, LARRY W  
201 WEST FIRST STREET  
SANFORD, FL 32771

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PAULUCCI, JENO F  
STREET ADDRESS 201 W. FIRST ST.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE VD  
NAME NELSON, LARRY W  
STREET ADDRESS 201 W. FIRST ST.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE D  
NAME PAULUCCI, LOIS M  
STREET ADDRESS 201 W. FIRST ST.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE VS  
NAME LIVINGSTON, CALVIN J  
STREET ADDRESS 201 W FIRST ST  
CITY-ST-ZIP SANFORD, FL 32771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

UD00000750785  
05/18/07-80075-012 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry W. Nelson 4/27/07 407-321-7004

Date

Daytime Phone #