

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90045 025 ***150.00

DOCUMENT # F98000004215

1. Entity Name
SOUTHERN PIZZA COMPANY



Principal Place of Business
**4742 WESTWINDS DRIVE STE #4742
DESTIN, FL 32541**

Mailing Address
**PO BOX 9382
GREENWOOD, MS 38935-0382**

44006865



01222004 Chg-P CR2E034 (10/03)

4. FEI Number
64-0674140

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PLEAT, DAVID B ESQ.
4477 LEGENDARY DRIVE, SUITE 202
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004 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	CP SINGH, BHUPINDER 110 PROFESSIONAL PLAZA GREENWOOD, MS 38930 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SINGH, KATHRYN B 110 PROFESSIONAL PLAZA GREENWOOD, MS 38930 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-29-04

Date

Daytime Phone #

attachment



Division of Corporations

44006865

Annual Report

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Document Number

F98000004215

Business Entity Name

SOUTHERN PIZZA COMPANY

FEI Number

640674140

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

\$8.75 each

Principal Place of Business

Address

4742 WESTWINDS DRIVE STE #4742

Suite, Apt. #, etc.

City, State

DESTIN

FL

Zip Code & Country

32541

Mailing Address

Address

PO BOX 9382

Suite, Apt. #, etc.

City, State

GREENWOOD

MS

Zip Code & Country

389350382

Name And Address of Registered Agent

Name (Last, First, Middle, Title) PLEAT

DAVID

B

ESQ.

or-RA Business Name

Address

4477 LEGENDARY DRIVE, SUITE 202

Suite, Apt. #, etc.

City, State

DESTIN

FL

Zip Code & Country

32541

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

B. Singh



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 22, 2004

SOUTHERN PIZZA COMPANY
PO BOX 9382
GREENWOOD, MS 38935-0382

SUBJECT: SOUTHERN PIZZA COMPANY
Ref. Number: F98000004215

We have received your document for SOUTHERN PIZZA COMPANY and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Make the necessary correction(s), sign and returned the approved annual report with the fee of \$150 for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap
Document Specialist

Letter Number: 704A00003883

Attachment
44006865