

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90353 020 ***150.00

DOCUMENT # G80265

1. Entity Name
PIZZA KWIK LIMITED, INC.



Principal Place of Business
201 W FIRST ST
SANFORD, FL 32771

Mailing Address
201 W FIRST ST
SANFORD, FL 32771

60029307



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2384757

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NELSON, LARRY W.
201 W 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, 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
DP
PAULUCCI, JENO F.
201 W. FIRST STREET
SANFORD, FL

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry W. Nelson
Larry W. Nelson VP

Date

4.19.06

Daytime Phone #