

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

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



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2384757

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000340651
05/28/08-80075-013 150.00

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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

4,1808

Date

Daytime Phone

Larry W. Nelson, Vice President