


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H63605**  
 1. Entity Name  
**HABJAN'S PIZZA, INCORPORATED**



Principal Place of Business % NANCY M. HABJAN 10953 SEMINOLE BLVD. SEMINOLE, FL 33778 US	Mailing Address % NANCY M. HABJAN 10953 SEMINOLE BLVD. SEMINOLE, FL 33778 US
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01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**5. Name and Address of Current Registered Agent**

HABJAN, NANCY M.  
 10953 SEMINOLE BLVD.  
 SEMINOLE, FL 33778

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HABJAN, FRANK L. 10953 SEMINOLE BLVD. SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HABJAN, NANCY M. 10953 SEMINOLE BLVD. SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HABJAN, DOUGLAS J. 10953 SEMINOLE BOULEVARD SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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:** NANCY M HABJAN  
Nancy M Habjan  
 \_\_\_\_\_ **1-17-06** **727-393-3984**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #