

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90042 043 ***150.00

DOCUMENT # H88686

1. Entity Name

ENZO'S PIZZARIA & ITALIAN RESTAURANT, INC.



Principal Place of Business

4351 BONITA BEACH ROAD
BONITA SPRINGS FL 34134
US

Mailing Address

253 WILLOUGHBY DR.
NAPLES FL 34110
US

50016158



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

4351 BONITA BEACH Rd

Suite, Apt. #, etc.

BONITA SPRINGS

City & State

FLORIDA

Zip

34134

Country

Collier

3. Mailing Address

253 Willoughby DR

Suite, Apt. #, etc.

NAPLES

City & State

FLORIDA

Zip

34110

Country

Collier

4. FEI Number

59-2619884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PULEIO, ANGELO
253 WILLOUGHBY DR.
NAPLES FL 34110

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. **LAURA PULEIO**

SIGNATURE

Laura Puleio owner

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PULEIO, ANGELO ☐ Delete
STREET ADDRESS 253 WILLOUGHBY DR.
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Laura Puleio LAURA PULEIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05

Date

239-597-4650

Daytime Phone #