## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 25, 2008 08:00 AN Secretary of State

Fee Required

DOCL	JMEN.	Γ#J	758	16
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1. Entity Name FLIPPERS PIZZA, INC.



Principal Place of Business

% TODD DENNIS 6125 WESTWOOD BLVD. ORLANDO, FL 32821

Mailing Address

% TODD DENNIS 6125 WESTWOOD BLVD. ORLANDO, FL 32821



D	0	NO	T	WR	ITE	IN	THIS	SPA	CE

03262006 NO Chg-F	CR2E034 (11/03)			
4. FEI Number		Applied For		
59-2807857		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

DENNIS, TODD 6125 WESTWOOD BLVD. ORLANDO, FL 32821

## DO NOT WRITE IN THIS SPACE

SIGNATURE -	Signature, typed or printed name of registered agent and little	f applicable (NOTE Registered	Agent signature	e required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
ITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENNIS, TODD 6125 WESTWOOD BLVD ORLANDO, FL DV				U00000922781 05/16/08-80004-013 150.00
TITLE NAME STREET ADORESS CITY-ST-ZIP	KOUSAIE, SCOTT 6125 WESTWOOD BLVD ORLANDO, FL		!		
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE Name Street address City+St-Zip			,	IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 ray other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR