2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State
07-19-2006 90004 042 ***550.00

DOCUMENT # L03070

1. Entity Name
PAPPA LOUIE'S, INC.

66022681

Principal Place of Business	Mailing Address
724 SOUTH US 1 PORT SAINT LUCIE, FL 34952	317 SE VERADA AVE PORT ST LUCIE, FL 34983

01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0140140
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANFREDI, LOUIS
317 VERADA AVE
PORT ST. LUCIE, FL 34983

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: LOUIS MANFREDI Louis Manfredi 7-13-06
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	PST
NAME	MANFREDI, SUSAN
STREET ADDRESS	440 SKIPPER LANE
CITY-ST-ZIP	PT. ST. LUCIE, FL
TITLE	D
NAME	MANFREDI, SUSAN
STREET ADDRESS	440 SKIPPER LANE
CITY-ST-ZIP	PT. ST. LUCIE, FL
TITLE	VD
NAME	MANFREDI, LOUIS
STREET ADDRESS	440 SKIPPER LANE
CITY-ST-ZIP	PT. ST. LUCIE, 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: Louis Manfredi 8-1-06 772-343-3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #