

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90022 025 ***150.00

DOCUMENT # L14003

1. Entity Name

PETE'S PIZZA CO.



Principal Place of Business

1441 S. NOVA ROAD
DAYTONA BEACH FL 32174

Mailing Address

1441 S. NOVA ROAD
DAYTONA BEACH FL 32114
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2964965**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

DELEONIBUS, PETER
1441 S NOVA RD
DAYTONA BCH FL 32114

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.

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **DELEONIBUS, PETE**
STREET ADDRESS **999 MORI COURT**
CITY-ST-ZIP **PORT ORANGE FL 32127-7959**

TITLE **VPD** ☐ Delete
NAME **DELEONIBUS, PETE**
STREET ADDRESS **999 MORI COURT**
CITY-ST-ZIP **PORT ORANGE FL 32127-7959**

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:

Peter DeLeonibus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-05-386-253-3702

Date

Daytime Phone #

ATTACHMENT SP0057120 7-18-05
To Florida Department Of State, #44003

I'm writing in regards to the 2005, for Profit Corp. Annual Report, to let you know that I never received the notice before May 1ST 2005, I received the Notice which said, I was late and Therefore should pay a penalty. I called in and spoke to Gary. He told me to hand write this note with the Original fee and the penalty would be waived.

Thank You so much
for understanding,
Peter DeLeonides