

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**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

1st MOORE

CR2E034 (10/05)

4. FEI Number  
59-2964965

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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, 2006 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	PST	<input type="checkbox"/> Delete
NAME	DELEONIBUS, PETE	
STREET ADDRESS	999 MORI COURT	
CITY-ST-ZIP	PORT ORANGE FL 32127-7959	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DELEONIBUS, PETE	
STREET ADDRESS	999 MORI COURT	
CITY-ST-ZIP	PORT ORANGE FL 32127-7959	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

000000414428  
02/11/06-80037-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Peter DeLeonibus* **PETER DELEONIBUS** *1-30-06-25350*  
PRESIDENT