


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L78100**  
 1. Entity Name  
**FLIPPER'S PIZZA T. & B., INC.**



Principal Place of Business 11321 SATELLITE BLVD. SUITE D ORLANDO, FL 32837 US	Mailing Address 11321 SATELLITE BLVD. SUITE D ORLANDO, FL 32837 US
---	---

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3006974</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TODD DENNIS**  
 11321 SATELLITE BLVD.  
 SUITE D  
 ORLANDO, FL 32837

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

1000001586662  
 04/10/07-80007-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENNIS, TODD 11321 SATELLITE BLVD. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KOUSAIE, SCOTT 11321 SATELLITE BLVD. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DENNIS, BRETT 11321 SATELLITE BLVD. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Todd Dennis **Todd Dennis** 1/11/07 407-852-9026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #