
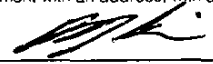


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90065 021 ***150.00

DOCUMENT # M70288			
1. Entity Name K.M.J.R. PIZZA, INC.			
Principal Place of Business 5570 4TH ST N SAINT PETERSBURG, FL 33703		Mailing Address 5802 98TH AVE. N. PINELLAS PARK, FL 33782	
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 59-2877987		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEARING, SCOTT A. 10265 GANDY BLVD ST. PETERSBURG, FL 33702		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TD <input type="checkbox"/> Delete	TITLE	VO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEARING, SCOTT A.	NAME	JENNIFER HEARN
STREET ADDRESS	10265 GANDY BLVD	STREET ADDRESS	2829 Cobblestone Drive
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP	Palm Harbor FL 34684
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAIN, MICHAEL C.	NAME	
STREET ADDRESS	5802 98TH AVE. NO.	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARN, JAMES R.	NAME	
STREET ADDRESS	136 LAKE SHORE DR. NO.	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, RAYMOND	NAME	
STREET ADDRESS	194 E. CANAL DR.	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date: 2-27-05 Daytime Phone #: 777 541594	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			