


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

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
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02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2877987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**DEARING, SCOTT A.
10265 GANDY BLVD
ST. PETERSBURG, FL 33702**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEARING, SCOTT A. 10265 GANDY BLVD ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GERMAIN, MICHAEL C. 5802 98TH AVE. NO. PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEARN, JAMES R. 136 LAKE SHORE DR. NO. PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRAMER, RAYMOND 194 E. CANAL DR. PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEARN, JENNIFER 2829 COBBLESTONE DRIVE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11/11/06-80003-016 150.00

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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:  **02-26-06** **727 541 5921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #