

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000007608

1. Entity Name

TONY'S NEW YORK STYLE PIZZA, INC.



Principal Place of Business

10550 OLD ST.AUGUSTINE ROAD, SUITE 6
JACKSONVILLE, FL 32257

Mailing Address

10550 OLD ST.AUGUSTINE ROAD, SUITE 6
JACKSONVILLE, FL 32257



04222006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3627958

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLAT, YOUSSEF PD
6975 A1A SOUTH
2
ST.AUGUSTINE, FL 32080

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

PD

NAME

FLAT, YOUSSEF

STREET ADDRESS

6975 A1A SOUTH #2

CITY-ST-ZIP

ST. AUGUSTINE, FL 32080

TITLE

V.PD

NAME

FLAT, JEREMY

STREET ADDRESS

6975 A1A SOUTH #2

CITY-ST-ZIP

ST. AUGUSTINE, FL 32080

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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**

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05/09/06-80082-005 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4- 22-06 904-471-9027