

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91020 035 \*\*\*150.00

**DOCUMENT # P00000052474**

1. Entity Name  
**GOODFELLAS PIZZA, INC.**



Principal Place of Business  
**2615 CRAWFORDVILLE HWY  
101  
CRAWFORDVILLE, FL 32327**

Mailing Address  
**2615 CRAWFORDVILLE HWY  
101  
CRAWFORDVILLE, FL 32327**



04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2548032**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RASMUSSEN, ANNA  
9 NORTH ST  
CRAWFORDVILLE, FL 32327**

*6-A Old Courthouse way*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/30/04*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **RASMUSSEN, DEREK**  
STREET ADDRESS **9 NORTH ST**  
CITY - ST - ZIP **CRAWFORDVILLE, FL 32327**

*6-A Old Courthouse way*

TITLE **VP**  
NAME **RASMUSSEN, ANNA**  
STREET ADDRESS **9 NORTH ST**  
CITY - ST - ZIP **CRAWFORDVILLE, FL 32327**

*6-A Old Courthouse way*

TITLE **D**  
NAME **ZAMORA, CHRIS**  
STREET ADDRESS **6-A OLD COURTHOUSE WAY**  
CITY - ST - ZIP **CRAWFORDVILLE, FL 32327**

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/30/04*