

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000056198

1. Entity Name
MIKEY'S PIZZA & ITALIAN RESTAURANT, INC.



Principal Place of Business
**7544 BEACH BLVD
JACKSONVILLE, FL 32245-6952**

Mailing Address
**P O BOX 16952
JACKSONVILLE, FL 32245-6952**



04102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4375290

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SELCUK, NAFIYE
7544 BEACH BLVD
JACKSONVILLE, FL 32245-6952**

**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 reinstating)

DATE

**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**

U00000111382
04/13/04-80014-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SELCUK, NAFIYE
STREET ADDRESS	11359 BEDFORD DR
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	VD
NAME	BULU, ERCAN
STREET ADDRESS	11359 BEDFORD DR
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	SD
NAME	BULU, EMEL
STREET ADDRESS	11359 BEDFORD DR
CITY-ST-ZIP	JACKSONVILLE, FL 32225
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 exemption stated in Section 119.07(3)(f), 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:

Robert Schulte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04

Date

904 860 0469

Daytime Phone #