

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000065194

**1. Entity Name
DALLI'S PIZZERIA INC.**



**Principal Place of Business
101 NORTH COUNTRY CLUB ROAD #104
LAKE MARY, FL 32746**

**Mailing Address
219 BROADMOOR AVENUE
LAKE MARY, FL 32746**



03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3663936**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**DALLI, JOSEPH
219 BROADMOOR AVENUE
LAKE MARY, FL 32746**

**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 rehashing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 DALLI, JOSEPH
STREET ADDRESS 101 NORTH COUNTRY CLUB ROAD #104
CITY-ST-ZIP LAKE MARY, FL 32746**

**TITLE SD
NAME DALLI, JULIE
STREET ADDRESS 101 NORTH COUNTRY CLUB ROAD #104
CITY-ST-ZIP LAKE MARY, FL 32746**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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NAME
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CITY-ST-ZIP**

U000000319071
04/20/05-80085-004 150.00

**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)(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:

Julie Dalli

Julie Dalli

4/15/05

4073022707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #