## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # P00000069864 1. Entity Name MILONE'S PIZZERIA & SUBS, INC. Principal Place of Business Mailing Address 251 N. AMELIA AVENUE 251 N. AMELIA AVENUE DELAND FL 32724-4321 DELAND FL 32724-4321 2. Principal Place of Business ... 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3659772 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BLUNI, VINCENZA** Street Address (P.O. Box Number is Not Acceptable) 251 N. AMELIA AVENUE DELAND FL 32724-4321 City Zip Code 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 line if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILL ☐ Delete THUE Change ☐ Addition MILONE, GAETANO NAME NAME STREET ADDRESS 5107 - N. 2ND ST. STREET ADDRESS CITY-ST ZIP LOVES PARK IL 61111 CHY-ST- ZIP THLE Delete THICE U00000284143 Change : ☐ Addition MILONE, JOSEPHINE NAME NAME Ŭ4/08/05-80054-019 150.∩D STREET ADDRESS 5107 - N. 2ND ST. STREET ADDRESS CITY-ST-ZIP LOVES PARK IL 61111 CHY-Si-7E TITLE ☐ Delete Change ☐ Addition NAME BLUNI, VINCENZO STREET ADDRESS 635 HARTLEY LANE STREET ADDRESS CLTY - ST - ZIP DELTONA FL 32725 CHIY-ST-ZIP TITLE Delete HITE Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CHY-SI-7P TITLE ☐ Delete Change ☐ Addition MANAF NAME STREET ADDRESS STREET ADDRESS CITY ST - ZIP CHY-ST-7P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ACORESS CITY ST-ZIP CHY-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 distense 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 life empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED