


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90068 013 \*\*\*150.00

**DOCUMENT # P0000074651**

1. Entity Name  
 ORLANDO-BEACH PIZZA, INC.



Principal Place of Business  
 3047-2 ST JOHNS BLUFF RD S  
 JACKSONVILLE, FL 32246

Mailing Address  
 3047-2 ST JOHNS BLUFF RD S  
 JACKSONVILLE, FL 32246

40024364



02232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
 11555 Central Parkway  
 Suite, Apt. #, etc. Ste 901

3. Mailing Address  
 11555 Central Parkway  
 Suite, Apt. #, etc. Ste 901

City & State  
 Jacksonville FL

City & State  
 Jacksonville FL

Zip Country  
 32224 US

Zip Country  
 32224 US

4. FEI Number  
 59-3663054

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, THOMAS R  
 3047-2 ST JOHNS BLUFF RD S  
 JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 11555 Central Parkway  
 Ste 901

City Jacksonville FL Zip Code 32224

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D	LEWIS, THOMAS R	<input type="checkbox"/> Delete
STREET ADDRESS	3047-2 ST JOHNS BLUFF RD S	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11555 Central Parkway Ste 901	
STREET ADDRESS	Jacksonville, FL 32224	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Thomas Lewis 2-23-07 954 680 7759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #