

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90323 008 \*\*\*150.00

**DOCUMENT # P00000086015**

1. Entity Name  
NORA'S PIZZA, INC.



Principal Place of Business  
P.O. BOX 16952  
JACKSONVILLE, FL 32245-6952

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

14010043



2. Principal Place of Business  
236 W ADAMS ST  
Suite, Apt. #, etc.

3. Mailing Address  
236 W ADAMS ST  
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State  
JACKSONVILLE FL  
Zip  
32202  
Country

City & State  
JACKSONVILLE FL  
Zip  
32202  
Country

4. FEI Number  
74-2981158  
Applied For  
Not Applicable

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

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

BULUT, NURAN C  
3549 RAYMUR VILLA DRIVE  
JACKSONVILLE, FL 32277

**7. Name and Address of New Registered Agent**

Name  
Mahmut Bulut  
Street Address (P.O. Box Number is Not Acceptable)  
2271 Huckins Court  
City  
Jacksonville FL Zip Code  
32225

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)

4/28/04  
DATE

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

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPVS  
BULUT, NURAN C  
3549 RAYMUR VILLA DR.  
JACKSONVILLE, FL 32277 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BULUT, NURAN C  
3549 RAYMUR VILLA DR.  
JACKSONVILLE, FL 32277 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPVS  
Mahmut Bulut  
2271 Huckins Court  
Jacksonville, FL 32225 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Mahmut Bulut  
2271 Huckins Court  
Jacksonville, FL 32225 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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]*  
PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04  
Date

904-353-5656  
Daytime Phone #