
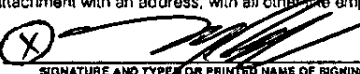


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90166 036 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000018483			
1. Entity Name PITA 1, INC.			
Principal Place of Business 14003 PORTRUSH DRIVE ORLANDO, FL 32828		Mailing Address 14003 PORTRUSH DRIVE ORLANDO, FL 32828	
DO NOT WRITE IN THIS SPACE		042120 J4 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1082907 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAY, MARK 14003 PORTRUSH DRIVE ORLANDO, FL 32828		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 By nature, 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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FD FAY, MARK 14003 PORTRUSH DRIVE ORLANDO, FL 32828		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - 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 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 persons empowered.			
SIGNATURE: 		4/20/04 407-758-6599	
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

94068830



042120 J4 No Chg-P CR2E034 (10/03)

 4. FEI Number
 65-1082907
 Applied For
 Not Applicable

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

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