

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90035 013 ***150.00

DOCUMENT # P01000018483

1. Entity Name
PITA 1, INC.



Principal Place of Business
604 UPPERRIVER COURT
ORLANDO, FL 32828

751 CEDAR
Forest Circle

Mailing Address

604 UPPERRIVER COURT
ORLANDO, FL 32828

751 CEDAR
Forest Circle

40035764



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1082907

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAY, MARK
604 UPPERRIVER COURT
ORLANDO, FL 32828

751 CEDAR Forest Circle

**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 reinstating)

DATE

3/8/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	RAY, MARK
STREET ADDRESS	604 UPPERRIVER COURT
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	V
NAME	RAY, ROBYN
STREET ADDRESS	604 UPPERRIVER COURT
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

751 CEDAR Forest Circle.

751 CEDAR Forest Circle.

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/06