## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: SIGNATURE AND PRO CA

## Apr 28, 2006 8:00 am Secretary of State DOCUMENT # P01000048341 04-28-2006 90154 047 \*\*\*150.00 1. Entity Name TUMULO PIZZA, INC. Principal Place of Business Mailing Address 134 FISHERMAN'S COVE MIRAMAR BEACH FL 32550 134 FISHERMAN'S COVE MIRAMAR BEACH FL 32550 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 59-3726158 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 PLEAT, DAVID B Street Address (P.O. Box Number is Not Acceptable) 4477 LEGENDARY DR STE 202 DESTIN FL 32541 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Delete TITLE ■ Addition TUSA, ANTHONY J. Jz. NAME TUSA, ANTHONY JUR NAME 4220 JADE LOOP STREET ADDRESS 244 MATTIES WAY STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-7IP DESTIN, FL 32541 Delete TITLE Change ☐ Addition NAME MURDOCK, JERRY NAME STREET ADDRESS 502 OSCEOLA DR STREET ADDRESS CITY-ST-7IP DESTIN FL 32541 CITY-ST-7/P TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME LOPP, ROBERT A STREET ADDRESS STREET ADDRESS 4730 PAPAYA PARK CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change notitibh NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 employered 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.

**FILED** 

J. Tusa, Jr. 4/19/06 (850)351-1834