

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000067785

FILED
Jul 20, 2004
Secretary of State

Entity Name: HARRY'S PIZZA STATION, INC.

Current Principal Place of Business:

1025 W MAIN ST
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

1025 W MAIN ST
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 65-1120956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NITU, SHUKLA
1025 W MAIN ST
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHUKLA, ASHA S
Address: 1025 W MAIN ST
City-St-Zip: IMMOKALEE, FL 34142

Title: SD () Delete
Name: SHUKLA, SURESCHANDRA
Address: 1025 W MAIN ST
City-St-Zip: IMMOKALEE, FL 34142

Title: VD () Delete
Name: NITU, SHUKLA
Address: 1025 W MAIN ST
City-St-Zip: IMMOKALEE, FL 34142

Title: TD () Delete
Name: SEJAL, SHUKLA
Address: 1025 W MAIN ST
City-St-Zip: IMMOKALEE, FL 34142X

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHA S SHUKLA

PD

07/20/2004

Electronic Signature of Signing Officer or Director

Date