


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90072 044 ***158.75

DOCUMENT # P01000075437 1. Entity Name MANOR PIZZA, INC.					
Principal Place of Business 1121 NEW YORK AVE SAINT CLOUD, FL 34769			Mailing Address 1375 JAN LAN BLVD ST. CLOUD, FL 34772		
2. Principal Place of Business 1121 NEW YORK AVE		3. Mailing Address 1375 JAN LAN BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ST. CLOUD FL		City & State ST. CLOUD FL		4. FEI Number 30-0018725	
Zip 34769		Country U.S.A		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired 		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WAKEFIELD, S. CRAIG 1400 W. OAK ST., SUITE A KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CECIL L 1580 JAN LAN BLVD. ST. CLOUD, FL 34772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CAROL A 1580 JAN LAN BLVD. ST. CLOUD, FL 34772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: _____ 3-27-04 402-842-7125 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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