

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91245 019 ***150.00

DOCUMENT # P01000092320

1. Entity Name
DOUGHBOY PIZZA, III, INC.



Principal Place of Business
**3650 PALM BEACH BLVD.
FORT MYERS, FL 33916**

Mailing Address
**24532 SAILFISH STREET
BONITA SPRINGS, FL 34134**

94083232



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1138978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATRAS-VENETIS, JOANNE
3650 PALM BEACH BLVD.
FORT MYERS, FL 33916**

7. Name and Address of New Registered Agent

Name
JOANNE PATRAS-VENETIS

Street Address (P.O. Box Number is Not Acceptable)
24532 SAILFISH STREET

City **BONITA SPRINGS** **FL** Zip Code **34134**

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

JOANNE PATRAS-VENETIS, PRESIDENT

4/30/04

Signature, 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, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **PATRAS-VENETIS, JOANNE**
STREET ADDRESS **24532 SAILFISH STREET**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

JOANNE PATRAS-VENETIS, PRES. 4/30/04 (239) 690-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #