


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90986 010 ***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
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2. Principal Place of Business 4634 PALM BEACH BLVD.	3. Mailing Address 4634 PALM BEACH BLVD.
Suite, Apt. #, etc. 2ND FLOOR	Suite, Apt. #, etc. 2ND FLOOR
City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip 33905	Country USA

02232005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1138978	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATRAS-VENETIS, JOANNE 24532 SAILFISH STREET BONITA SPRINGS, FL 34134	
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7. Name and Address of New Registered Agent Name VENETIS, THOMAS C. Street Address (P.O. Box Number is Not Acceptable) 4634 PALM BEACH BLVD. SECOND FLOOR City FORT MYERS FL Zip Code 33905	
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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 THOMAS C. VENETIS DATE 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PATRAS-VENETIS, JOANNE 24532 SAILFISH STREET BONITA SPRINGS, FL 34134 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. DATE 4/28/05 (239) 690-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR