


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90037 024 \*\*\*150.00

<b>DOCUMENT # P01000117875</b> 1. Entity Name <b>GUMBY'S PIZZA OF SOUTH TAMPA, INC.</b>					
Principal Place of Business <b>3010 GUNDY BLVD</b> <b>4 TAMPA FL 33611</b>		Mailing Address <b>3010 GUNDY BLVD</b> <b>4 TAMPA FL 33611</b>			
2. Principal Place of Business <i>Same As Above</i>		3. Mailing Address <i>Same As Above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3760650</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARMELLO, JOHN S</b> <b>2914 GANDY BLVD., #E</b> <b>TAMPA FL 33611</b>		7. Name and Address of New Registered Agent Name <i>Carmello, John S</i> Street Address (P.O. Box Number is Not Acceptable) <i>6212 Interbay Ave</i> City <i>Tampa</i> <b>FL</b> Zip Code <i>33611</i>			
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 <i>John S Carmello</i> <span style="float: right;">2/19/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARMELLO, JOHN 2914 GANDY BV F TAMPA FL 33611 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carmello, John 6212 Interbay Ave Tampa FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARMELLO, JOHN 2914 GANDY BLVD E TAMPA FL 33611 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carmello, John 6212 Interbay Ave Tampa FL 33611	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: <i>John S Carmello</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2/19/04</i> Daytime Phone # <i>813 389 2944</i>		