

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000118107

1. Entity Name
AMICI PIZZA & DELI, INC.



Principal Place of Business

26252 S.R. 54
LUTZ, FL 33559

Mailing Address

26252 S.R. 54
LUTZ, FL 33559

FILED
Apr 12, 2005 8:00 A.M.
Secretary of State



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3754263

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANNINO, JOSEPHINE
8503 SIAMANG CT.
NEW PORT RICHEY, FL 34653

**DO NOT WRITE
IN THIS SPACE**

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 _____
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	P
NAME	MANNINO, JOSEPHINE
STREET ADDRESS	8503 SIAMANG CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	Vincent Mannino
NAME	8503 SIAMANG CT
STREET ADDRESS	N.P.R.FI. 34653
CITY-ST-ZIP	
TITLE	TREASURER
NAME	Rick Mannino
STREET ADDRESS	10639 Deerberry dr.
CITY-ST-ZIP	L.O.L. FL. 34638
TITLE	SECRETARY
NAME	ANGELA Martinez
STREET ADDRESS	8385 BASILISK CT
CITY-ST-ZIP	N.P.R. FL. 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100053931691
05/06/05--01005--010 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: Josephine Mannino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05 (813 9739734)
Date Daytime Phone #