

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000007747**

1. Entity Name  
**DE BEST PIZZA, INC.**



Principal Place of Business  
**812 WHITE OAK COURT  
PANAMA CITY BEACH, FL 32408**

Mailing Address  
**812 WHITE OAK COURT  
PANAMA CITY BEACH, FL 32408**



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0389102**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**DEGOOD, DOUG  
812 WHITE OAK CT.  
PANAMA CITY, FL 32408**

**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

**Doug DeGood President**

**2/14/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DE GOOD, DOUG
STREET ADDRESS	812 WHITE OAK COURT
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	D
NAME	BUTLER, LARRY
STREET ADDRESS	2569 MCKINNON BRIDGE ROAD
CITY-ST-ZIP	PONCE DE LEON, FL 32455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**000000438015  
02/28/06-80070-020 150.00**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Doug DeGood President**

**2/14/06**

Date

**850-819-3393**

Daytime Phone #