

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019844

Entity Name: MAD PIZZA, INC.

FILED
Feb 13, 2004
Secretary of State

Current Principal Place of Business:

6555 MARIANNA DRIVE
PENSACOLA, FL 32504

New Principal Place of Business:

100 HWY 90 E
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

6555 MARIANNA DRIVE
PENSACOLA, FL 32504

New Mailing Address:

P.O. BOX 509
DEFUNIAK SPRINGS, FL 32435

FEI Number: 20-0244690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONHAM, SAM
6555 MARIANNA DRIVE
PENSACOLA, FL 32504

Name and Address of New Registered Agent:

DONHAM, SAM
P.O. BOX 509
DEFUNIAK SPRINGS, FL 32433

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.

SIGNATURE:

02/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DONHAM, SAM
Address: 6555 MARIANNA DRIVE
City-St-Zip: PENSACOLA, FL 32504 US

Title: V () Delete
Name: MAGNES, SCOTT J
Address: P. O. BOX 5926
City-St-Zip: NAVARRE, FL 32566 US

Title: T () Delete
Name: DONHAM, SAM
Address: 6555 MARIANNA DRIVE
City-St-Zip: PENSACOLA, FL 32504 US

Title: S () Delete
Name: MAGNES, SCOTT
Address: P.O. BOX 5926
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DONHAM, SAM
Address: P.O. BOX 509
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DONHAM, SAM
Address: P.O. BOX 509
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM DONHAM

P

02/13/2004

Electronic Signature of Signing Officer or Director

Date