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2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000019844

1. Entity Name
MAD PIZZA, INC.

Principal Place of Business	Mailing Address
100 HWY 90 E	P.O. BOX 509
DEFUNIAK SPRINGS, FL 32433	DEFUNIAK SPRINGS, FL 32435

DO NOT WRITE IN THIS SPACE

01212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0244690	Not Applicable

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

6. Name and Address of Current Registered Agent

MAGNES, SCOTT J
7661 MARTHA'S WAY
NAVARRE, FL 32566

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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 _Scott Magnes_   1/21/05

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, 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	PT
NAME	MAGNES, SCOTT
STREET ADDRESS	100 HWY 90 E
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	VS
NAME	MAGNES, CHERYL
STREET ADDRESS	100 HWY 90 E
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	S
NAME	MAGNES, SCOTT
STREET ADDRESS	P O BOX 5926
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00231919
02/16/05-80050-015 150.00

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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: _Scott Magnes_   1/21/05   954 680 7759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #