

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90042 013 ***150.00

DOCUMENT # P02000088299

1. Entity Name
CAPE PIZZA #1, INC.



Principal Place of Business

~~10265 NORTH TAMiami TRAIL, NO. 3~~
~~NAPLES, FL 34108~~
1129 DEL PRADO BLVD #A/B
CAPE CORAL FLORIDA 33904

Mailing Address

10265 NORTH TAMiami TRAIL, NO. 3
NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0108753

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMERIATO, ANTHONY J
10265 NORTH TAMiami TRAIL, NO. 3
NAPLES, FL 34108

**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 \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COMERIATO, ANTHONY J
41 MENTOR DR.
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, ROBERT J
1147 IMPERIAL DR.
NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALKER, TIMOTHY F
720 S.E. 10TH AVE.
CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/04

Date

(239) 597-2207

Daytime Phone #