


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000114191

1. Entity Name
CARMELA'S BRICK OVEN PIZZA, INC.



Principal Place of Business Mailing Address

2311 E OCAN BLVD 2311 E OCAN BLVD
 STUART, FL 34994 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

07172005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 36-4512187 Not Applicable

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

6. Name and Address of Current Registered Agent

RUTLAND, LEONARD JR
 759 S FEDERAL HWY STE 303
 STUART, FL 34994

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FATIGATE, ROBERT
STREET ADDRESS	2311 E OCAN BLVD
CITY-ST-ZIP	STUART, FL 34994
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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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: Robert J. Fatigue 8-9-05 Date: _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR