2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/2

FILED Jun 07, 2004 8:00 am Secretary of State

		il .		•	
_ /					
17/	77 71	IMENIT #	i Dagaan	11 <i>9161</i> 9	
		11/11/2-1/11 1	6 FW/UK	<i>)</i> <i>2</i>	

1. Entity Nam	e ·		05-03-200	04 91048 049 ***150.00				
PIZZERIA	TOSCANA, INC.)				
	1			·				
Principal Plac	e of Business	Mailing Address		┪				
529 HIGHW	······································	529 HIGHWAY 98 EAST		6642689	13			
DESTIN FL 3		DESTIN FL 32541 US		0012000	•			
US		US			A NEWS AND AND A STATE DISTANCE OF THE STATE			
2. Principal P	lace of Business	3. Mailing Address						
				I (TUTHOR) III ORBER NAFR ORIH ORIH URAFAN	47878 7887 11848 67167 671898 FEEBYL 12 4881			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		MOORE CR	R2E034 (11/03)			
City & State		City & State		4. FEI Number	Applied For			
City a State	•	City & State		AP-PLIED FOR	R Not Applicable			
_Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional			
	* 1			- <u> </u>	Fee Hequired			
	6. Name and Address of Current	negistered Agent	Name	7. Name and Address of New Regi	stereo Agent			
FLE	ET, H. BART			·				
FLE	ET, SPENCER, MARTIN & K	(ILPATRICK, PA	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	4 EGLIN PARKWAY NLIMAR FL 32579-0000	•						
0,0	(E)		City		Zip Code			
	<u> </u>		<u> </u>		rl '			
	named entity submits this statement to tions of registered agent.	or the purpose of changing its reg	gistered office or regist	ered agent, or both, in the State of Florid	a. I am familiar with, and accept			
_	,			•				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gustured Agent signature requi	red when reinstaing)	DATE			
F	ILE NOW!!! FEE IS \$150.00							
Afte	r May 1; 2004: Fee will be \$550.00			 Election Campaign Finant Trust Fund Contribution. 	cing \$5.00 May Be			
San Charles and San San San San	k Payable to Florida Department o	STANDARD WAS						
TITLE	OFFICERS AND		11. TILE	ADDITIONS/CHANGES TO OFFICE				
NAME	IANNI, GUGLIELMO	Delete'	NAME		☐ Change ☐ Addition			
STREET ADDRESS	529 HIGHWAY 98 EAST	Ï	STREET ADDRESS					
CITY-ST-ZIP	DESTIN FL 32541		CHY-ST-ZIP					
пи	S, T	☐ Delete	DYLE		☐ Change ☐ Addition			
NAME	FALLON, SANDRA		NAME					
STREET ADORESS CITY-ST-ZIP	529 HIGHWAY 98 EAST DESTIN FL 32541		STREET ADDRESS CITY-ST-ZIP					
 -	DESTIN PL 32341		 		Change () Addition			
NAME		Delate	TITLE NAME		Change (Addition			
STREET ADORESS			STREET ADDRESS	·	ا به آیس د <u>است</u> شد			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	,	☐ Delete	TITLE		Change 🛄 Addition			
. NAME STREET ADDRESS			NAME STREET ADDRESS		;			
CITY-ST-ZIP	,		CITY-ST-ZIP					
TITLE		☐ Delste	TITLE		☐ Change ☐ Addition			
NAME	1		NAME		ļ			
STREET ADDRESS			STREET ADORESS					
CITY-ST-ZIP	·	<u> </u>	CITY-ST-ZIP		Dhara Dagar			
TITLE NAME	i	☐ Delete	TITLE NAME	•	☐ Change ☐ Addition (
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	<u> </u>	$ \bigcirc$ \wedge \wedge	CITY-ST-ZIP					
12. I hereby	certify that the information supplied wit	this filing does not qually for th	e exemption stated in	Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the information			
12. I hereby certify that the information supplied with this filing floes not charafty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental export is true and accurate and final 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 state employees to be seekled by Export 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 graphylated.								
SIGNATURE: Sandre Fillon 4-27-54 850654-9880								
SIGNAT	TURE:	1 201	Jandre	1-110n 4-3/0	7 630027 1004			