


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90003 015 \*\*\*150.00

<b>DOCUMENT # P03000016781</b>					
1. Entity Name OLD TOWN PIZZA, INC.					
Principal Place of Business OLD TOWN CENTRE US HWY 19 OLD TOWN, FL 32680			Mailing Address P.O. BOX 2267 CHIEFLAND, FL 32644		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt., etc.			Suite, Apt., etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>04-3740826</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BELL, STUART R 114 NE 3RD AVE CHIEFLAND, FL 32626				Name Street Address (P.O. Box Number is Not Acceptable) <b>13 NE 3rd Street</b> City <b>Chiefland</b> FL Zip Code <b>32626</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! - FEB 13 \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		- \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, STUART R P.O. BOX 2267 CHIEFLAND, FL 32644	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Stuart R. Bell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66433479



Attachment

66433479

# P03000016781

**COMPANY NAME CHANGE**

**To: All Customers and Vendors**

**From: Rykim Management Group, Inc.  
(Bell's Family Restaurant)**

As of today July 19<sup>th</sup> we have changed our name to the following:

**Suncoast Venture Development Corporation**

Any correspondence should now reflect the new name.