
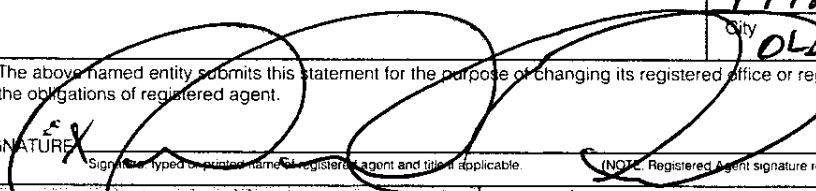
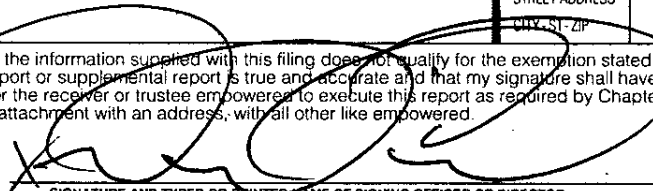


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90070 013 ***150.00

DOCUMENT # P03000041644 1. Entity Name PINELLAS PIZZA, INC.			
Principal Place of Business 122 FIRST ST MERRITT ISLAND FL 32953		Mailing Address 122 FIRST ST MERRITT ISLAND FL 32953	
2. Principal Place of Business 33486 US HIGHWAY 19N.		3. Mailing Address 36380 GARFIELD RD.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. SUITE 5	
City & State PALM HARBOR FL		City & State CLINTON TOWNSHIP MI	
Zip 34684-2638		Zip 48035	
Country USA		Country USA	
6. Name and Address of Current Registered Agent CORNELIUS, DARYL A 122 FIRST ST MERRITT ISLAND FL 32953		7. Name and Address of New Registered Agent Name DARYL CORNELIUS Street Address (P.O. Box Number is Not Acceptable) 1772 SPLIT FORK City OLDSMAR FL Zip Code 34677	
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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORNELIUS, CARYL A 122 FIRST ST MERRITT ISLAND FL 32953	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DARYL CORNELIUS 1772 SPLIT FORK OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GETZIE, ROBERT J 122 FIRST ST MERRITT ISLAND FL 32953	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	

94038438



MOORE CR2E034 (11/03)