

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90060 033 \*\*\*150.00

**DOCUMENT # P03000057109**

1. Entity Name

RUSANO'S PIZZA, INC.



Principal Place of Business

3286 SE FEDERAL HWY.  
STUART FL 34997

Mailing Address

3286 SE FEDERAL HWY.  
STUART FL 34997

2. Principal Place of Business

3286 S.E. FEDERAL HWY

3. Mailing Address

3286 S.E. FEDERAL HWY

Suite, Apt. #, etc.

STUART FL 3

Suite, Apt. #, etc.

City & State  
STUART FL

City & State

STUART FL

Zip

34997

Country

FLORIDA

Zip

34997

Country

MARTIN

4. FEI Number

54-2111779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

PTD  
ROMANO, FRANK B  
3286 SE FEDERAL HWY.  
STUART FL 34997

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VSD  
RUSSO, JOSEPH  
3286 SE FEDERAL HWY.  
STUART FL 34997

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank ROMANO

2-7-05

Date

772-219-0035

Daytime Phone #