

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000090046	
1. Entity Name BADA BING PIZZA AND WINGS, INC	



Principal Place of Business 5000 S. CLYDE MORRIS BLVD SUITE #1 PORT ORANGE, FL 32127	Mailing Address 307 QUAKER RIDGE DRIVE DAYTONA BEACH, FL 32119
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DO NOT WRITE IN THIS SPACE
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6. Name and Address of Current Registered Agent  GIORDANO, ANTHONY M JR 307 QUAKER RIDGE DRIVE DAYTONA BEACH, FL 32119
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DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_  
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 Due by September 7, 2005	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARGRAVE, RANDOLPH E 3742 CARDINAL BLVD DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIORDANO, ANTHONY M JR 307 QUAKER RIDGE DRIVE DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>OF</del> <del>ORTIZ, CARLOS J</del> NO longer involved <del>1406 DONNELL DRIVE</del> IN Business - <del>PORT ORANGE, FL 32119</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE
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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: Anthony M. Giordano Date: 9-22-2005 Daytime Phone #: 386-546-6986  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

05 SEP 26 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07082005 No Chg-P CR2E034 (10/03)

4. FEI Number 32-0088531	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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