

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

04-26-2004 91290 014 ***150.00

66424787



MOORE CR2E034 (11/03)

DOCUMENT # P03000101241 1. Entity Name L & F PIZZA CORPORATION OF FLORIDA															
Principal Place of Business 6185 DEMING AVE NORTH PORT FL 34287			Mailing Address 6185 DEMING AVE NORTH PORT FL 34287												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.												
City & State			City & State												
Zip		Country		4. FEI Number <i>Applied for</i>											
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable											
6. Name and Address of Current Registered Agent BEHRENS, ROBERT A 6185 DEMING AVE NORTH PORT FL 34287				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City											
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.				FL Zip Code											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)															
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															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP PD BEHRENS, RAYMOND 1121 NORFOLD STREET DOWNERS GROVE IL 60516 </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP SD GLENKE, RICHARD W 2383 BENDWAY DR PORT CHARLOTTE FL 33948 </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP TD BEHRENS, ROBERT A 6185 DEMING AVE NORTH PORT FL 34287 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP PD BEHRENS, RAYMOND 1121 NORFOLD STREET DOWNERS GROVE IL 60516	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD GLENKE, RICHARD W 2383 BENDWAY DR PORT CHARLOTTE FL 33948	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD BEHRENS, ROBERT A 6185 DEMING AVE NORTH PORT FL 34287	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>Robert A Behrens</u> ROBERT A. BEHRENS 4-21-04 941-423-4075 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>															