

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000121888**

1. Entity Name

RJ & M PIZZERIA, INC.



Principal Place of Business

5557 S. E. FEDERAL HWY.  
STUART, FL 34997 US

Mailing Address

5557 S. E. FEDERAL HWY.  
STUART, FL 34997 US

**DO NOT WRITE IN THIS SPACE**

01272006 No Chg-P CR2E034 (11/05)

4. FEI Number

53-8012954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NILSEN, MARK  
6551 N. CHASEWOOD DR.  
APT.# B  
JUPITER, FL 33458

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	NILSEN, MARK
STREET ADDRESS	6551 N. CHASEWOOD DR. APT#B
CITY- ST- ZIP	JUPITER, FL 33458
TITLE	VP
NAME	KELLY, JAMES
STREET ADDRESS	1262 D NORTHWEST SUN TERRACE CIRCLE
CITY- ST- ZIP	PORT ST. LUCIE, FL 34986
TITLE	S/T
NAME	KELLY, ROSEMARIE
STREET ADDRESS	1262 D NORTHWEST SUN TERRACE CIRCLE
CITY- ST- ZIP	PORT ST. LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000413225  
02/10/06-80079-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

DATE

Daytime Phone #