2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 08:00 AM Secretary of State

Dayline Phone 9

ANN	UAL REPURI		
DOCUMENT # P0300 1. Enlity Name AMATO'S ITALIAN PIZZARIA,	,		
Principal Place of Business	Mailing Address		
128 S. PALAFOX ST. PENSACOLA, FL 32501 US	128 S. PALAFOX ST. PENSACOLA, FL 32501	บร	-
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SIGNATURE: _

56-2418123 Not 5. Certificate of Status Desired \$8.75 Add Fee Required 4. Name and Address of Current Registered Agent AMATO, CROCE 4732 THROUGHBRED DR. MILTON, FL 32583 DO NOT WRITE IN THIS SPACE 8. The above named entity subtrates this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I pm familiar with, a the obligations of registered agent. SIGNATURE Signature, speed or pretied name of registered agent and this if applicable. (PICTE Registered Agent signature required when reinstoring) PATE FILE NOWNIT FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. DATE 10. OFFICERS AND DIRECTORS TABLE O,C WARE AMATO, CROCE	
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8. Name and Address of Current Registered Agent AMATO, CROCE 4732 THROUGHBRED DR. MILTON, FL 32583 B. 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, a the obligations of registered agent. SIGNATURE Signature Speed or protect came of registered agent and this if applicable (Prote-Registered Agent signature required when referteding) DATE FILE NOWNIT FEE 1S \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Added to Fees Added to Fees	onal
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2017-51-70 MILTON, FL 32583	
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AMATO, CAROL E THEFT ADDRESS A732 THROUGHBRED DR. THY SI-AP MILTON, FL 32583 DO NOT WRITE	* *** ***
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RIT-SI-ZIP MILTON, FL 32583	
AME THEET ADDRESS	
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ITLE AAME TREET ADDRESS	
In-st-2P 2. It 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 infinidicated 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 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 to changed, or on an attachment with an address, with all other like empowered.	ormation r director Block 11 if