



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90459 049 ***150.00

DOCUMENT # P04000058381 1. Entity Name GOURMET PIZZA OF FT. MYERS BEACH, INC.					
Principal Place of Business 2801 ESTERO BLVD FT MYERS BEACH, FL 33931			Mailing Address 1704 SW 9TH PLACE CAPE CORAL, FL 33991		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 17606 CALUSA PALMS DR			
City & State		City & State FT. MYERS FL		4. FEI Number 02-0587177	
Zip 33919		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERSLAGER, KIRK 1704 SW 9TH PLACE CAPE CORAL, FL 33991				7. Name and Address of New Registered Agent Name Kerslager Kirk Street Address (P.O. Box Number is Not Acceptable) 17606 CALUSA PALMS DR City FT. MYERS FL Zip Code 33919	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERSLAGER, KIRK 1704 SW 9TH PLACE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kerslager Kirk 17606 CALUSA PALMS DR. FT. MYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			06-25-06 (239) 910-3165		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		