2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000092469



Mar 17, 2006 8:00 am Secretary of State

FILED

1. Entity Name ORCHID ISLAND PIZZERIA, INC.						03-17-2006 90123 035 ***150.00				
Principal Place of Business			Mailing Address			-				
9300 N A1A SUITE 102 VERO BEACH, FL 32963 US			9300 N A1A SUITE 102 VERO BEACH, FL 32963 US				The second			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01132006 C	ng-P	CR2E034 (1	1/05)	
City & State			City & State			4. FEI Number 20-1223355				plied For Applicable
Zip	Zip Country		Zip	Coun	try	5. Certificate of State	us Desired	□ \$8.7	5 Addi Réquired	itional
6. Name and Address of Current Registered Agent						7. Name and Addre	ss of New Regi	stered Agent		
					Name					
LOPEZ, TIMOTHY S 317 BENEDICTINE TERRACE SEBASTIAN, FL: 32958					Street Address (P.O. Box Number is Not Acceptable)					
				City				FL Z	ip Code)
The above named entity submits this statement for the purpose of changing its registered office or regis							. 0			
the obligat	tions of regist	ered agent.	the purpose of changing	us registere	ad office or regist	erea agent, or both, in th	e State of Florida	a. I am tamilia	ar with, a	and accept
		T-1/1	1.							
SIGNATURE.	Signalure Ivpert	or pricted name of registered agent	Wall publication (N	OTE Repretation	d Agent signature requi	rod when requisit and		DATE		
<u></u>		, ,	110	or a ringularing	o Agust Signature requ	To Kirshi Garage				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing S5. Trust Fund Contribution.						5.00 May Be dded to Fees				
10.	,	OFFICERS AND		11.		ADDITIONS/CHANG	SES TO OFFICE	RS AND DIRE	CTORS	IN 11
TITLE	DIR		Delete	TITLE	Pr	esident	_		Tiange	☐ Addition
NAME	1	MOTHY \$		NAME	Tir	nothy 5. Lo	pe2			1
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	-	ID, FL 32957				rseland, FL				
TITLE NAME	DIR	CHADALLIDE D	Delete	TITLE	. Z''	e President			hange	Addition
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12. Thereby 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: Light Light Typed OR PRINTED NAME OF SIGNING OFFICER OR