


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90539 032 \*\*\*150.00

<b>DOCUMENT # P04000101937</b>					
<b>1. Entity Name</b> GRUNDY PIZZA, INC.					
<b>Principal Place of Business</b> 102 MCKINLEY AVE COCOA BEACH, FL 32931			<b>Mailing Address</b> 102 MCKINLEY AVE COCOA BEACH, FL 32931		
<b>2. Principal Place of Business</b> 6290 N. ATLANTIC AVE		<b>3. Mailing Address</b> 6290 N. ATLANTIC AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> CAPE CANAVERAL, FL		<b>City &amp; State</b> CAPE CANAVERAL FL		<b>4. FEI Number</b> 02-0728540	
<b>Zip</b> 32920		<b>Country</b> BREVARD		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  IMHOFF, DENNIS 102 MCKINLEY AVE COCOA BEACH, FL 32931		<b>7. Name and Address of New Registered Agent</b> Name <u>SHILOH C. EDELMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1205 POTOMAC DR</u> City <u>MERRITT ISLAND</u> <b>FL</b> <b>Zip Code</b> <u>32952</u>			
<b>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.</b> SIGNATURE <u>Shiloh C. Edelman</u> <u>SHILOH C. EDELMAN</u> <u>April 27 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHILOH C. EDELMAN 1205 POTOMAC DR MERRITT ISLAND, FL 32952		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Shiloh C. Edelman</u> <u>SHILOH C. EDELMAN</u> <u>April 27 2005</u> <u>321-4410-9436</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					