

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000125349

1. Entity Name

PRIME TIME PIZZA OF JACKSONVILLE, INC.



**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90342 023 ***150.75

Principal Place of Business
1605-4 MYRTLE AVENUE
JACKSONVILLE FL 32209

Mailing Address
1605-4 MYRTLE AVENUE
JACKSONVILLE FL 32209

2. Principal Place of Business
1605 N Myrtle Ave
Suite, Apt. #, etc.
4

3. Mailing Address
1605 - N Myrtle Ave
Suite, Apt. #, etc.
4

City & State
JAX FL

Zip 32209 Country Duval

City & State
JAX FL

Zip 32209 Country Duval

6. Name and Address of Current Registered Agent

MACK, EUGENE SR.
1605-4 MYRTLE AVENUE
JACKSONVILLE FL 32209

4. FEI Number
14 1917382

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Eugene Mack

(NOTE Registered Agent signature required when reinstating)

DATE

4-1-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$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	<input type="checkbox"/> Delete MACK, EUGENE SR. 1605-4 MYRTLE AVENUE JACKSONVILLE FL 32209	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"/> Delete <i>Mack Carla 6589 Cedro Ct JAX FL 32241</i>	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"/> 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"/> 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 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.

SIGNATURE:

Eugene Mack

4-5-05

Date

Daytime Phone #