

2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90027 042 ***150.00

DOCUMENT # P04000141139

1. Entity Name

ARON'S PIZZA, INC.



Principal Place of Business

516 AQUATIC DRIVE
ATLANTIC BEACH FL 32233

Mailing Address

516 AQUATIC DRIVE
ATLANTIC BEACH FL 32233



2. Principal Place of Business

650 Park Ave.

Suite, Apt. #, etc.

3. Mailing Address

650 Park Ave.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Orange Park, Florida

City & State

Orange Park, Florida

4. FEI Number

20-1697236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRONG, RONALD L
16 SEMINOLE ROAD
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name

Fred Isaac

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

6028 Chester Ave. Suite 107

City

Jacksonville

FL

Zip Code

32217

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

X ASIR U. ARDIC, President

[Signature]

1-19-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P,D
ARDIC, ASIR U.
516 AQUATIC DRIVE
ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ARDIC, ASIR U.
516 AQUATIC DRIVE
ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S-T
ARDIC, ASIR U.
516 AQUATIC DRIVE
ATLANTIC BEACH FL 32233 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06 (904) 269-1007

Date

Daytime Phone #