


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000141555 1. Entity Name DEPALMA PIZZA INC.	
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Principal Place of Business 5830 S. E. ABSHIER BLVD. BELLEVIEW, FL 34420 US	Mailing Address 5830 S. E. ABSHIER BLVD. BELLEVIEW, FL 34420 US
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01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1498084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEPALMA, JOE T 5830 S. E. ABSHIER BLVD. BELLEVIEW, FL 34420
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**DO NOT WRITE
IN THIS SPACE**

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 *Joe T Depalma* (NOTE: Registered Agent signature required when reinstating) DATE 2/17/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 DEPALMA, JOE T 5830 S.E. ABSHIER BLVD. BELLEVIEW, FL 34420
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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: *Joe T Depalma* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 2/17/06 Daytime Phone # 904 742 4129