


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90006 012 ***150.00

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # P04000166687 1. Entity Name UNCLE ANGELO'S FAMOUS NY PIZZA, INC. | | | |  | |
| Principal Place of Business 5275 NE BABCOCK STREET PALM BAY, FL 32905 US | | | Mailing Address 106 FRANKLYN AVE INDIALANTIC, FL 32903 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ABITINO, ANGELO 106 FRANKLYN AVE INDIALANTIC, FL 32903 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ABITINO, ANGELO 106 FRANKLYN AVE INDIALANTIC, FL 32903 <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 | VP MOHR, ELIZABETH A 635 DATE PALM BLVD. MELBOURNE, FL 32901 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>Angelo Abitino</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | President <u>5/31/05</u> (321) 725-1119 <small>Date Daytime Phone #</small> | | |

