## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## 03-22-2006 90003 014 \*\*\*\*\*8.75 DOCUMENT # P05000002786 MARIA'S PIZZA OF HUDSON, INC. Principal Place of Business Mailing Address 15531 CENTURY DRIVE 15531 CENTURY DRIVE HUDSON, FL 34667 US HUDSON, FL 34667 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc! Suite, Apt. #, etc. 01312006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Country Country ZiΩ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Ragistered Agent 7. Name and Address of New Registered Agent\_ BONFONDEO, MARIA Street Address (P.O. Box Number is Not Acceptable) 15531 CENTURY DRIVE **HUDSON, FL 34667** 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 Floride. I am familiar with, and accept warta Barton Bo <u>2-94-06</u> (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TILLE ☐ Delete TITLE Change ☐ Addition BONFONDEO, MARIA STREET ADDRESS 15531 CENTURY DRIVE STREET ADORESS CITY-SI-ZIP HUDSON, FL 34687 CITY-ST-7/P TITLE Deleta ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-70P C/TY-ST-ZIP TITLE ☐ Celeta TITLE ☐ Chance ☐ Addition NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MUE ☐ Addition NUME NAME STREET MODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- DP TITLE ☐ Celete IIILE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP TITLE TITLE D Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 ooth; 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 Statutos; and that my name appears in Block 10 or Block 11 if chapter 607, an attachment with an address, with all other like empowered.

**FILED** 

Mar 22, 2006 8:00 am Secretary of State

03-08-2006 90191 011 \*\*\*150.00

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2006

MARIA"S PIZZA OF HUDSON, INC. 15531 CENTURY DRIVE HUDSON, FL 34667 US

Subject: MARIA'S PIZZA OF HUDSON, INC.

Reference Number:

P05000002786

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mh ANNUAL REPORTS SECTION