

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000102387

1. Entity Name
PAVAROTTI'S PIZZA & RESTAURANT INC.



Principal Place of Business
**11352 N WILLIAMS ST.
#304
DUNNELLON, FL 34432**

Mailing Address
**9290 SW 203RD AVE
DUNNELLON, FL 34431**

DO NOT WRITE IN THIS SPACE



04222007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3248518

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARVEY, DOROTHY
9290 SW 203RD AVE
DUNNELLON, FL 34431**

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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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LANDOLF, JOHN
STREET ADDRESS	9290 SW 203RD AVE
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	DV
NAME	HARVEY, KEVIN
STREET ADDRESS	9290 SW 203RD AVE
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	DST
NAME	HARVEY, DORTHY
STREET ADDRESS	9290 SW 203RD AVE
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000728285
05/07/07-80011-005 158.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dorothy Harvey (Dorothy Harvey) 4/23/07 352-522-0025