

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90076 016 ***150.00

DOCUMENT # P05000165718

1. Entity Name
ANTONIOS PIZZA KITCHEN OF JACKSONVILLE INC.



Principal Place of Business
**10230 ATLANTIC BLVD., SUITE 1
JACKSONVILLE, FL 32259**

Mailing Address
**10230 ATLANTIC BLVD., SUITE 1
JACKSONVILLE, FL 32259**

50025485



2. Principal Place of Business
14185 Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address
14185 Beach Blvd
Suite, Apt. #, etc.

City & State
10 Jacksonville FL

City & State
10 Jacksonville FL

Zip Country
32250 Duval

Zip Country
32250 Duval

07312006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3976602

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

6. Name and Address of Current Registered Agent

**KAPUSCHANSKY, ROBERT
10230 ATLANTIC BLVD., SUITE 1
JACKSONVILLE, FL 32259**

7. Name and Address of New Registered Agent

Name **Robert KAPUSCHANSKY**
Street Address (P.O. Box Number is Not Acceptable)
14185 Beach Blvd
Suite 10
City **Jacksonville** FL Zip Code **32250**

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)

8-10-06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

TITLE **PD** ☐ Delete
NAME **KAPUSCHANSKY, ROBERT**
STREET ADDRESS **P. O. BOX 8233**
CITY-ST-ZIP **JUPITER, FL 33468**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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

8/10/06

DATE

904-521-7004

DAYTIME PHONE #