## 2003 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P06000019456

1. Entity Name

BIG ÁPPLE PIZZA OF HOBE SOUND, INC.



FILED Mar 12, 2008 08:00 A Secretary of State

CR2E034 (11/05)

Principal Place of Business

3725 SE OCEAN BLVD.

SUITE 100

CITY-ST-ZIP

SIGNATURE:

SEWALL'S POINT, FL 34996

Mailing Address

3725 SE OCEAN BLVD.

SUITE 100

SEWALL'S POINT, FL 34996



No Chg-P

01042008

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1268238 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINO, LOUIS DO NOT WRITE 3725 SE OCEAN BLVD. STE. 100 IN THIS SPACE SEWALL'S POINT, FL 34996 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 DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS HHE LINO, LOUIS NAME STREET ADDRESS 3725 SE OCEAN BLVD. #100 CITY-ST-ZIP SEWALL'S POINT, FL 34996 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 of 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 officer like empowered.