

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 001 ***150.00

DOCUMENT # P 06000029021
1. Entity Name
NASIR & SHANNON, INC.
DBA ANTONIOS N.Y. STYLE PIZZA #3



Principal Place of Business Mailing Address
3360 SR 207
ELKTON, FLORIDA 32033

40105131



2. Principal Place of Business - If P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
20-4390495

Applied F
Not Appli

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

6. Name and Address of Current Registered Agent
SHANNON ZORI
3360 SR 207
ELKTON, FL 32033

7. Name and Address of New Registered Agent
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 _____
Signature typed or printed name of registered agent and title (if applicable) (NONE Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00.
Make Check Payable to Florida Department of State
9. Election Campaign Financing \$5.00 Ma
Trust Fund Contribution. ☐ Added to Fe

10. OFFICERS AND DIRECTORS	
TITLE	PO
NAME	NASIR ZORI 4/15/07
STREET ADDRESS	3360 SR 207
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	V.P.
NAME	SHANNON ZORI 4/15/07
STREET ADDRESS	3360 SR 207
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 (X) Shannon Zori VICE President 4/15/07 904-823-9799