


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000061776

1. Entity Name
PIZZA HOUSE, INC.



Principal Place of Business 2904 N ANDREWS AVE WILTON MANORS, FL 33311	Mailing Address 2904 N ANDREWS AVE WILTON MANORS, FL 33311
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DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0441610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWEN, MELBA R
4021 NE 4 TERR
POMPANO BEACH, FL 33064

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000111943
04/14/04-80003-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BOWEN, MELBA R 2904 N ANDREWS AVENUE WILTON MANOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JONES, TAMMY 2904 N ANDREWS AVENUE WILTON MANOR, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Melba R Bowen* **4 5-04** **954-563-3704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #