

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

248
FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000083891 1. Entity Name TALLAHASSEE PIZZA, INC.	
---	---

Principal Place of Business TALLAHASSEE PIZZA 2020 W PENSACOLA ST TALLAHASSEE, FL 32304 US	Mailing Address % MANAGING FOOD, LLC 1326 E. LUMSDEN RD. BRANDON, FL 33511 US
---	--



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3214061	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent TAREK, KAZBOUR 2503 HIGHWAY 60E SUITE B-103 VALRICO, FL 33954

**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.

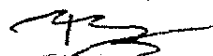
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	000000098839 03/29/04-80063-006 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAZBOUR, TAREK 1326 E LUMSDEN ROAD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAZBOUR, ZIAD 1326 E LUMSDEN ROAD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAREINI, MIKE 1326 E LUMSDEN ROAD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(l), 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:  Tarek Kazbour	Date: 1/2/04	Daytime Phone: 813-684-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		