

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90177 020 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     |                                                                                                                                                                     |                                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P93000083891</b><br>1. Entity Name<br><b>TALLAHASSEE PIZZA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                     |                                                                                                                                                                     |                                                                                                                                                                                    |  |
| Principal Place of Business<br><b>TALLAHASSEE PIZZA</b><br><b>2020 W PENSACOLA ST</b><br><b>TALLAHASSEE, FL 32304 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                                                                                                     | Mailing Address<br><b>% MANAGING FOOD, LLC</b><br><b>1326 E. LUMSDEN RD.</b><br><b>BRANDON, FL 33511 US</b>                                                         |                                                                                                                                                                                    |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | 3. Mailing Address                                                                                                  |                                                                                                                                                                     |                                                                                                                                                                                    |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                                                     |                                                                                                                                                                                    |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | City & State                                                                                                        |                                                                                                                                                                     | 4. FEI Number<br><b>59-3214061</b>                                                                                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | Country                                                                                                             |                                                                                                                                                                     | <input type="checkbox"/> 5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                         |                                                                                                                                                                                    |  |
| <b>TAREK, KAZBOUR</b><br><b>2503 HIGHWAY 60E</b><br><b>SUITE B-103</b><br><b>VALRICO, FL 33954</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                     | Name <b>Tarek Kazbour</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1326 E. Lumsden Rd</b><br>City <b>Brandon</b> <b>FL</b> Zip Code <b>33511</b> |                                                                                                                                                                                    |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                                                     |                                                                                                                                                                     |                                                                                                                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                     |                                                                                                                                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                               |                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br><b>KAZBOUR, TAREK</b><br><b>1326 E LUMSDEN ROAD</b><br><b>BRANDON, FL 33511</b> <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DV<br><b>KAZBOUR, ZIAD</b><br><b>1326 E LUMSDEN ROAD</b><br><b>BRANDON, FL 33511</b> <input type="checkbox"/> Delete  |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br><b>SAREINI, MIKE</b><br><b>1326 E LUMSDEN ROAD</b><br><b>BRANDON, FL 33511</b> <input type="checkbox"/> Delete   |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                  |  |
| 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. |                                                                                                                       |                                                                                                                     |                                                                                                                                                                     |                                                                                                                                                                                    |  |
| <b>SIGNATURE:</b><br>Tarek A. Kazbour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                     | <b>4/14/05</b> <b>813-684-0622</b><br>Date Daytime Phone #                                                                                                          |                                                                                                                                                                                    |  |

