

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90020 001 ***150.00

DOCUMENT # P95000000601

1. Entity Name
NORTH PORT PIZZA, INC.



Principal Place of Business
13201-A TAMiami TRAIL
NORTH PORT, FL 34287

Mailing Address
13201-A TAMiami TRAIL
NORTH PORT, FL 34287

94018834

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0551341

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEAR, ROBERT
2600 MCCORMICK DRIVE
SUITE 230
CLEARWATER, FL 34619

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HEGEDUS, ROBERT ☒ Delete
STREET ADDRESS 13201-A TAMiami TRAIL
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE VD
NAME LAROCK, THOMAS ☐ Delete
STREET ADDRESS 13201-A TAMiami TRAIL
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE STD
NAME DIXON, DONALD ☐ Delete
STREET ADDRESS 13201-A TAMiami TRAIL
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE D
NAME GREEN, KEVIN ☐ Delete
STREET ADDRESS 13201-A TAMiami TRAIL
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME LAROCK, THOMAS ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas LaRock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04

426-0995

Date

Daytime Phone #