

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90042 011 \*\*\*150.00

<b>DOCUMENT # P95000049932</b>					
<b>1. Entity Name</b> <b>R &amp; T PIZZA MANAGEMENT #1, INC.</b>					
<b>Principal Place of Business</b> <b>2170 SANTA BARBARA BLVD</b> <b>UNIT 5 &amp; 6</b> <b>NAPLES, FL 34116</b>			<b>Mailing Address</b> <b>10265 N. TAMiami TRAIL</b> <b>NAPLES, FL 34108 US</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>65-0593257</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MOORE, ROBERT J</b> <b>1147 IMPERIAL DR.</b> <b>NAPLES, FL 34110</b>			<b>7. Name and Address of New Registered Agent</b> Name: <b>ANTHONY J. COMERATO</b> Street Address (P.O. Box Number is Not Acceptable): <b>10265 N. TAMiami TRAIL #3</b> City: <b>NAPLES</b> State: <b>FL</b> Zip: <b>34108</b>		
<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.</b> SIGNATURE:  VP <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMERATO, ANTHONY J 41 MENTOR DRIVE NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, ROBERT J 1147 IMPERIAL DR. NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, DEBORAH 1147 IMPERIAL DRIVE NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COMERATO, JANET 41 MENTOR DRIVE NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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 any address, with all other like empowered.</b>					
<b>SIGNATURE:</b> VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>2/21/04</b> Daytime Phone #: <b>(239) 597-0007</b>					