

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000061989

1. Entity Name
ALAFAYA TRAIL PIZZA, INC.



Principal Place of Business

11774 E. COLONIAL DR.
ORLANDO, FL 32817 US

Mailing Address

P.O. BOX 489
NEW PORT RICHEY, FL 34656 US

DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-3332627

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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

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, 2006 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 SMITH, CHRISTOPHER A
STREET ADDRESS 5711 WESTSHORE DR.
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE D
NAME HUNTOON, BART
STREET ADDRESS 1013 EISHMAN LOOP
CITY-ST-ZIP OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000529362
05/05/06-80069-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher A Smith

4-16-06

727-247-1323