

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P96000008089

1. Entity Name

SLICE OF CHICAGO PIZZA, INC.



**FILED  
Apr 05, 2004 8:00 am  
Secretary of State**

04-05-2004 90022 049 \*\*\*150.00

**54026752**



MOORE CR2E034 (11/03)

Principal Place of Business  
1227 MIRAMAR ST  
CAPE CORAL FL 33904

Mailing Address

1227 MIRAMAR ST  
CAPE CORAL FL 33904

2. Principal Place of Business

**529 SE 17th Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**529 SE 17th Avenue**

Suite, Apt. #, etc.

City & State  
**Cape Coral, FL 33990**

City & State

**Cape Coral, FL 33990**

Zip

**33990**

Country

**USA**

Zip

**33990**

Country

**USA**

4. FEI Number

**65-0015413**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CANNOVA, LEONARD  
529 SE 17TH AVE  
CAPE CORAL FL 33990**

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
CANNOVA, LEONARD  
529 S.E. 17TH AVENUE  
CAPE CORAL FL 33990**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change  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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/04**

Date

Daytime Phone #