## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P96000050889**

t. Entity Name ANNIE'S PIZZA AND SUBS, INC.



FILED Mar 31, 2004 08:00 AM Secretary of State

Principal Place of Business

2524 NORTH STATE ROAD 7 MARGATE, FL 33063 Mailing Address

2524 NORTH STATE ROAD 7 MARGATE, FL 33063



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03162004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 65-0667311 Not Applied bie

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMERINI, ANTHONY 2524 NORTH STATE ROAD 7 MARGATE, FL 33063

SIGNATURE:

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		;				
8. The above the obligat	named entity submits this statement for the plions of registered agent	ourpose of changing its registered offi	ce or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable. (NOTE, Registered Agent	signatur	s required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Efection Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000039716 03/31/04-80017-018 150.00	
10.	OFFICERS AND DIREC	CTORS :				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABANOS, ANNE M 5781 N.W. 48TH DRIVE CORAL SPRINGS, FL 33067	· •				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABANOS, GERRALD M 5781 N.W. 48TH DRIVE CORAL SPRINGS, FL 33067					
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:				
TITLE 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.						