


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90075 038 ***150.00

DOCUMENT # P97000006937 1. Entity Name R.E.A.L. PIZZA, INC.	
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Principal Place of Business 6835 FORESTWOOD DRIVE WEST LAKELAND, FL 33811	Mailing Address 6835 FORESTWOOD DRIVE WEST LAKELAND, FL 33811
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3434800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LESTOURGEON, RON C
6835 FORESTWOOD DRIVE WEST
LAKELAND, FL 33811

**DO NOT WRITE
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.

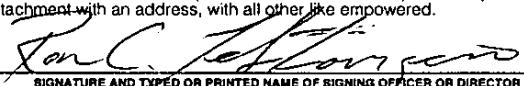
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LESTOURGEON, RON C 6835 FORESTWOOD DRIVE WEST LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESTOURGEON, ELLEN 6835 FORESTWOOD DR W LAKELAND, FL 33811
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4-25-05 863-660-6429**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

Ron C. Lesturgeon