

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000023887

1. Entity Name
FT. MEADE PIZZA, INC.



Principal Place of Business
400 N CHARLESTON AVE
FT MEADE, FL 33841 US

Mailing Address
% MANAGING FOOD, LLC
1326 E. LUMSDEN RD.
BRANDON, FL 33511



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0741808

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CURRY, CLIFTON C JR.
750 W. LUMSDEN ROAD
BRANDON, FL 33511

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000696153
04/17/07-80085-024 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KAZBOUR, ZIAD A
STREET ADDRESS 1326 E LUMSDEN ROAD
CITY-ST-ZIP BRANDON, FL 33511

TITLE D
NAME KAZBOUR, TALAL
STREET ADDRESS 1326 E LUMSDEN ROAD
CITY-ST-ZIP BRANDON, FL 33511

TITLE D
NAME KAZBOUR, TAREK
STREET ADDRESS 1326 E LUMSDEN ROAD
CITY-ST-ZIP BRANDON, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

Date

Daytime Phone #

Ziad Kazbur 4-4-07 (813)6840622