


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90088 014 \*\*\*150.00


<b>DOCUMENT # P98000003117</b> 1. Entity Name PIZZA CHEF ENTERPRISE, INC.																											
Principal Place of Business 3438 US 19 HOLIDAY, FL 34691		Mailing Address 9300 REGENCY PARK BLVD PORT RICHNEY, FL 34668																									
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City & State Holiday FL		City & State Holiday FL																									
Zip 34691	Country USA	4. FEI Number 59-3484923																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent WILSON, KEVIN L 8700 PERSEA COURT NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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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: <i>Brian Wilson</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Brian Wilson																									
Date 4-30-07		Daytime Phone # 727-843-0800																									

40100563



04272007 Chg-P CR2E034 (12/06)

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**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_  
Date

Daytime Phone # \_\_\_\_\_  
Daytime Phone #

COPY

ATTACHMENT

40100563