2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 17, 2006 08:00 AM **DOCUMENT # P98000071645 Secretary of State** 1. Entity Name PEPPI'S PIZZERIA, INC. Principal Place of Business Mailing Address 4111 NORTH TAMIAMI TRAIL NAPLES FL 34103 4111 NORTH TAMIAMI TRAIL NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. It, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 59-3528368 Not Applicate Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DILENA, JOSEPH 4111 NORTH TAMIAMI TRAIL Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34103 Zip Code 6. 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 acceptable the obligations of registered agent. SIGNATURE Signature, typed or prated name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PSTD TITLE ☐ Change ☐ A for the control of the □ Delete 000000438668 NAME DILENA, JOSEPH NAME 03/01/06-80016-005 150.00 STREET ADDRESS STREET ADORESS 4111 NORTH TAMIAMI TRAIL NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete □ Change □ \*\*: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZYP CITY-ST-ZIP TITLE ☐ Delote ☐ Change □ Add 1 MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CHY-ST-2R □ A Detete Change TITLE 3)11) 8 NAME NAME STREET ADDIRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ A. TITLE ☐ Delete IRLE Change NARAS MARAK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TiTt F Delete MLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-SI-02 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the informatic 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 direct 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 if changed, or on an attaching them with an address, with all other like empowered.

FILED

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