

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90009 025 \*\*\*150.00

**DOCUMENT # P98000087245**

1. Entity Name

BETTY'S PIZZA & SUBS, INC.



Principal Place of Business

STATE ROAD 21  
MELROSE FL 32666

Mailing Address

P O BOX 1171  
MELROSE FL 32666

2. Principal Place of Business - No P.O. Box #

State Road 21

3. Mailing Address

P.O. Box 1171

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melrose FL

City & State

Melrose FL

Zip

32666

Country

USA

Zip

32666

Country

USA

4. FEI Number

59-3541063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, ELIZABETH JEAN  
STATE ROAD 26  
MELROSE FL 32666

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Elizabeth Abbott*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete  
NAME: ABBOTT, ELIZABETH J  
STREET ADDRESS: P.O. BOX 1171/319 WYNNWOOD AVE.  
CITY ST ZIP: MELROSE FL 32666

TITLE: VP ☐ Delete  
NAME: ABBOTT, JOSEPH H  
STREET ADDRESS: 370 S.E. 4TH AVE.  
CITY ST ZIP: MELROSE FL 32666

TITLE: T ☒ Delete  
NAME: MILAM, BRENDA A  
STREET ADDRESS: 125 ASHLEY LAKE DRIVE  
CITY ST ZIP: MELROSE FL 32666

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY ST ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY ST ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY ST ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY ST ZIP:

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NAME:   
STREET ADDRESS:   
CITY ST ZIP:

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 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:

*Elizabeth Abbott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #