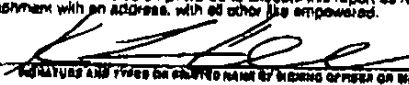


FILED
Aug 02, 2005 8:00 am
Secretary of State

07-07-2005 90002 012 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000078405			
1. Entity Name T.B.P. PIZZA INC			
Principal Place of Business 6424 RIDGE RD PORT RICHEY, FL 34868		Mailing Address 7811 BRIARWOOD DR PORT RICHEY, FL 34868	
2. Principal Place of Business 7202 Massachusetts AV		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Port Richey FL		City & State	
Zip 34652		Country	
4. FEI Number 59-3886833		5. Certificate of Status Desired ☐ 80.78 Additional Fee Required	
6. Name and Address of Current Registered Agent KIMBLE, KAREN L 7811 BRIARWOOD DR PORT RICHEY, FL 34868		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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 (amateur with, and agree) the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when replacing)			
DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.163(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☒ Change ☐ Addition	
KIMBLE, KAREN L 8114 13TH AVE NEW PORT RICHEY, FL 34863		7811 Briarwood Dr. Port Richey FL 3468	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Karen L. Kimble / 3/05 727-347-5182	
SIGNATURE AND PRESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

ATTACHMENT

060025345

**T.B.P. PIZZA. INC.
7611 BRIARWOOD DR.
PORT RICHEY, FL. 34668**

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

July 29, 2005

Re: P99000078405

To Annual Reports:

As both my mailing address and business address has changed since last year's report, I never received a renewal notice. I therefore request that the late fee of \$400.00 be waived. My current mailing address is 7611 Briarwood Drive, Port Richey, FL. 34668. Thank you.

Sincerely,



Karen L. Kimble