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Secretary of State

07-07-2005 90002 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000078405

1. Entity Name
T.B.P. PIZZA INC

66025345

Principal Place of Business	Mailing Address
6424 RIDGE RD PORT RICHEY, FL 34668	7611 BRIARWOOD DR PORT RICHEY, FL 34668

2. Principal Place of Business	3. Mailing Address
7202 Massachusetts AV	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey FL	City & State
Zip: 34652 Country: USA	Zip / Country

06302005 Chg:P CR2E034 (10/05)

4. FEI Number: 59-3665955 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIMBLE, KAREN L
7611 BRIARWOOD DR
PORT RICHEY, FL 34668

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 ______ 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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(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	P KIMBLE, KAREN L 6114 13TH AVE NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7611 Briarwood Dr. Port Richey FL, 34668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Karen L Kimble 6/30/05 727-847-5182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

(L00253 45

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