

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90448 005 ***150.00

DOCUMENT # P99000102427

1. Entity Name
MELBOURNE PIZZA, INC.



Principal Place of Business
**1581 AURORA RD.
MELBOURNE, FL 32935**

Mailing Address
**P.O. BOX 489
NEW PORT RICHEY, FL 34656-0489**

44036096



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3611010

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEAR, ROBERT L
2790 SUNSET POINT RD.
CLEARWATER, FL 33759**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **SD BELMONT, DOUG**
STREET ADDRESS **10040 DOE COURT**
CITY-STATE-ZIP **NEW PORT RICHEY, FL 34654**

TITLE ☐ Delete
NAME **TD HUNTOON, BART**
STREET ADDRESS **1013 EISHMAN LOOP**
CITY-STATE-ZIP **OVIEDO, FL 32765**

TITLE ☐ Delete
NAME **PD SMITH, CHRISTOPHER**
STREET ADDRESS **5711 WESTSHORE DR.**
CITY-STATE-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Delete
NAME **VD HALLER, JASON**
STREET ADDRESS **2710 COZUMEL #1813**
CITY-STATE-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER A. SMITH PRESIDENT 3/10/04

Date

Daytime Phone #