2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000102427

1. Entity Name
MELBOURNE PIZZA, INC.

Principal Place of Business	Mailing Address
1581 AURORA RD.	P.O. BOX 489
MELBOURNE, FL 32935	NEW PORT RICHEY, FL 34656-0489

DO NOT WRITE IN THIS SPACE

03122005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3611010	Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BELMONT, DOUG
STREET ADDRESS	10040 DOE COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654

TITLE	TD
NAME	HUNTOON, BART
STREET ADDRESS	1013 EISHMAN LOOP
CITY-ST-ZIP	OVIEDO, FL 32765

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

TITLE	VD
NAME	HALLER, JASON
STREET ADDRESS	2710 COZUMEL #1813
CITY-ST-ZIP	MELBOURNE, FL 32935

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _CHRISTOPHER A SMITH_   _4-7-05_   _727-847-1323_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #