


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # S32475 1. Entity Name HUMBLE PIE, INC.					
Principal Place of Business 9530 CORALEE AVENUE ESTERO FL 33928			Mailing Address 9530 CORALEE AVENUE ESTERO FL 33928		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0220082	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAWRENCE, DANIEL 9530 CORALEE AVENUE ESTERO FL 33928			7. Name and Address of New Registered Agent Name N/A 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. N/A					
SIGNATURE N/A <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, DANIEL 9530 CORALEE AVE ESTERO FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, DANIEL 9530 CORALEE AVE. ESTERO FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, DANIEL 9530 CORALEE AVE. ESTERO FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, DANIEL 9530 CORALEE AVE. ESTERO FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, DANIEL 9530 CORALEE AVE. ESTERO FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, DANIEL 9530 CORALEE AVE. ESTERO FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, DANIEL 9530 CORALEE AVE. ESTERO FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, DANIEL 9530 CORALEE AVE. ESTERO FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, DANIEL 9530 CORALEE AVE. ESTERO FL	<input type="checkbox"/> Delete			
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: Daniel Lawrence 3/31/05 239-947-6612 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E034 (10/04)