

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S60358

1. Entity Name
FLIPPER'S PIZZA, INC. #3



Principal Place of Business
**2934 VINELAND RD.
KISSIMMEE, FL 34746**

Mailing Address
**2934 VINELAND RD.
KISSIMMEE, FL 34746**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3067260** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DENNIS, TODD
11321 SATELITTE BLVD
ORLANDO, FL 32837**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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

**000000098103
03/29/04-80027-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DENNIS, TODD
STREET ADDRESS 11321 SATELITTE BLVD
CITY-ST-ZIP ORLANDO, FL 32837

TITLE VD
NAME KOUSAIE, SCOTT
STREET ADDRESS 11321 SATELITTE BLVD
CITY-ST-ZIP ORLANDO, FL 32837

TITLE STD
NAME DENNIS, BRETT
STREET ADDRESS 11321 SATELITTE BLVD
CITY-ST-ZIP ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

2/3/04 407-852-9026