

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 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



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3067260

Applied For  
Not Applicable

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

**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, 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 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

U00000266690  
03/17/05-80041-012 150.00

**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

1/19/05

Date

407-852-9026

Daytime Phone #