


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # S64027
 1. Entity Name
BIG ANTHONY'S RESTAURANT & PIZZA, INC.



Principal Place of Business Mailing Address
 1142 UNIVERSITY DR. 1142 UNIVERSITY DR.
 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33041

DO NOT WRITE IN THIS SPACE



07192005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0269566 Not Applicable

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

6. Name and Address of Current Registered Agent
 NEDALCO, GULDO
 1142 UNIVERSITY DR.
 CORAL SPRINGS, FL 33065

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: P
 NAME: AMICO, ANTHONY
 STREET ADDRESS: 1142 UNIVERSITY DR
 CITY-ST-ZIP: CORAL SPRINGS, FL 33065

TITLE: VP
 NAME: DEFALCO, GUIDO
 STREET ADDRESS: 1142 UNIVERSITY DR
 CITY-ST-ZIP: CORAL SPRINGS, FL 33065

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

UD00000374076
 07/22/05-80005-019 150.00

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: *Guido Defalco* Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR