


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # S74850 1. Entity Name SAULINA'S PIZZA, INC.	
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Principal Place of Business 8428 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34243-2903	Mailing Address 8428 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34243-2903
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04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0279464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS CALISE
 6719-205TH ST E
 BRADENTON, FL 34202

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

04/16/05-80046-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALISE, THOMAS 6719-205TH ST E BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAULINA, PETE 4703 PALM AIRE CIRCLE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Thomas Calise 4-12-05 9413557050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #