


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90131 027 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # V31157</b><br>1. Entity Name<br>KAZBOUR PIZZA, INC. |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br>1310 NW 23RD AVE<br>GAINESVILLE, FL 33511 US | Mailing Address<br>% MANAGING FOOD, LLC<br>1326 E. LUMSDEN RD.<br>BRANDON, FL 33511 US |
|---|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |
| Zip Country   | Zip Country                               |

**14013042**

04062005 Chg-P CR2E034 (10/03)

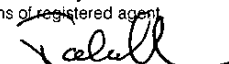
4. FEI Number  
**65-0325942**

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

Applied For  
Not Applicable

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>KAZBOUR, TALAL<br>2503 HWY 60 E<br>SUITE 201<br>VALRICO, FL 33594 | 7. Name and Address of New Registered Agent<br>Name <b>Talal Kazbour</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1326 E. Lumsden Rd</b><br>City <b>Brandon</b> <b>FL</b> Zip Code <b>33511</b> |
|--|--|

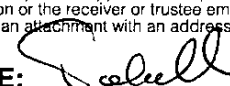
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Talal Kazbour** **4/19/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>KAZBOUR, TALAL A.</b><br><b>1326 E LUMSDEN ROAD</b><br><b>BRANDON, FL 33511</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PST</b><br><b>KAZBOUR, TALAL A.</b><br><b>1326 E LUMSDEN ROAD</b><br><b>BRANDON, FL 33511</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **4/19/05** **813-682-0622**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #