

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V49646</b>		
1. Entity Name T.S. PIZZA, INC.		
Principal Place of Business 40114 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689-8330 US		Mailing Address 40114 US HIGHWAY 19 NORTH TARPON SPRINGS, FL 34689-8330 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		
04052004 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3139045		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  SHEAR, ROBERT L 2790 SUNSET POINT ROAD CLEARWATER, FL 33759		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEARN, JULIE 2109-D MAIN STREET DUNEDIN, FL 34698	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KRAMER, RAYMOND 2109-D MAIN STREET DUNEDIN, FL 34698	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HEARN, JAMES R 2829 COBBLESTONE DRIVE PALM HARBOR, FL 346841655	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  J.L. HEARN		4/14/04 727 938 9626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #