

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90035 019 ***150.00

DOCUMENT # V49646

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



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3139045

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEAR, ROBERT L
2790 SUNSET POINT ROAD
CLEARWATER, FL 33759

**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, 2006 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	HEARN, JULIE
STREET ADDRESS	2109-D MAIN STREET
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	VPD
NAME	KRAMER, RAYMOND
STREET ADDRESS	2109-D MAIN STREET
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	VPD
NAME	HEARN, JAMES R
STREET ADDRESS	2829 COBBLESTONE DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 346841655

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

2/14/06 727 9389626