

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

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**



02122007 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, 2007 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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/07-80036-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

727938 9626

Daytime Phone #