

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H63605

**FILED**  
**Jan 03, 2018**  
**Secretary of State**  
**CC0763079008**

**Entity Name:** HABJAN'S PIZZA, INCORPORATED

**Current Principal Place of Business:**

% NANCY M. HABJAN  
10953 SEMINOLE BLVD.  
SEMINOLE, FL 33778

**Current Mailing Address:**

% NANCY M. HABJAN  
10953 SEMINOLE BLVD.  
SEMINOLE, FL 33778 US

**FEI Number:** 59-2554811

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HABJAN, NANCY M.  
10953 SEMINOLE BLVD.  
SEMINOLE, FL 33778 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name HABJAN, FRANK L.  
Address 10953 SEMINOLE BLVD.  
City-State-Zip: SEMINOLE FL 33778

Title STD  
Name HABJAN, NANCY M.  
Address 10953 SEMINOLE BLVD.  
City-State-Zip: SEMINOLE FL 33778

Title VPD  
Name HABJAN, DOUGLAS J.  
Address 10953 SEMIINOLE BLVD  
City-State-Zip: SEMINOLE FL 33778

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANCY M HABJAN

**SECRETARY/TREASURER 01/03/2018**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date