


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F93000000594		
1. Entity Name PJ FOOD SERVICE, INC.		
Principal Place of Business 2002 PAPA JOHN'S BLVD LOUISVILLE, KY 40299-2367	Mailing Address 2002 PAPA JOHN'S BLVD LOUISVILLE, KY 40299-2367	
<b>DO NOT WRITE IN THIS SPACE</b>		



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1210265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SCHNATTER, JOHN H 2002 PAPA JOHN'S BOULEVARD LOUISVILLE, KY 402992367
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD SCHNATTER, CHARLES W 2002 PAPA JOHN'S BOULEVARD LOUISVILLE, KY 402992367
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FLANERY, J. DAVID 2002 PAPA JOHN'S BLVD LOUISVILLE, KY 402992367
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WADELL, ROBERT 2002 PAPA JOHN'S BLVD LOUISVILLE, KY 402992367
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV LARNER, JULIE 2002 PAPA JOHN'S BLVD LOUISVILLE, KY 402992367
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COX, KENNETH M 2002 PAPA JOHN'S BLVD LOUISVILLE, KY 402992367

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 02/16/04-80147-022 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Kenneth M. Cox 2/12/04 502/261-7272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #