


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90314 002 ***150.00

DOCUMENT # P00000112383

1. Entity Name
PAPA JOE'S PIZZA OF WATERFORD LAKES, INC



Principal Place of Business
**851 N. ALAFAYA TRAIL
 STE Q01
 ORLANDO, FL 32826**

Mailing Address
**184 E. BAY AVE.
 LONGWOOD, FL 32750**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
59-3676754

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GRIMALDI, RICHARD
 1412 SHADWELL CIR
 HEATHROW, FL 32746**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GRIMALDI, RICHARD |
| STREET ADDRESS | 1412 SHADWELL CIR. |
| CITY-ST-ZIP | HEATHROW, FL 32746 |

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GIAMBRONE, GIUSEPPE |
| STREET ADDRESS | 382 WINSFORD CT |
| CITY-ST-ZIP | HEATHROW, FL 32746 |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
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| TITLE | <input type="checkbox"/> Delete |
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| TITLE | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | |

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|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARD GRIMALDI |
| STREET ADDRESS | 1485 SHADWELL CIR |
| CITY-ST-ZIP | HEATHROW, FL 32746 |

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIUSEPPE GIAMBRONE |
| STREET ADDRESS | 280 KIPUNG CT. |
| CITY-ST-ZIP | HEATHROW, FL 32746 |

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: Giuseppe Giambrone **GIUSEPPE GIAMBRONE** 3/9/04 407-767-7366
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

