


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # P03000095588
 1. Entity Name
OSCAR'S PIZZA, INC.



Principal Place of Business 2960 S. MCCALL ROAD SUITE 111 ENGLEWOOD, FL 34224	Mailing Address C/O YVONNE HALUNEN 15635 RUSTON CIRCLE PORT CHARLOTTE, FL 33981
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02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1710420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HALUNEN, YVONNE D
 15635 RUSTON CIRCLE
 PORT CHARLOTTE, FL 33981

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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALUNEN, YVONNE D 15635 RUSTON CIR. PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNHOUSE, HAGER A SR 274 ANAPOLIS LN ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/13/07-80001-010 150.00

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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: Yvonne Halunen **YVONNE HALUNEN** 4-2-07 **941-475-4501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #