


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

04-21-2004 90017 046 ***150.00

DOCUMENT # P03000131738

1. Entity Name
PAPA JOE'S OF COLONIAL TOWN PARK, INC.



Principal Place of Business
**184 E. BAY AVENUE
 LONGWOOD, FL 32750**

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

66419904



2. Principal Place of Business
960 COLONIAL GRAND LN

3. Mailing Address
184 E. BAY AVE

Suite, Apt. #, etc.
BLDG. 1 SUITE 810

02042004 Chg-P CR2E034 (10/03)

City & State
LAKE HARY, FL

City & State
LONGWOOD, FL 32750

Zip
32746

Country
USA

4. FEI Number **20-0314557**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIMALDI, RICHARD
 184 E. BAY AVENUE
 LONGWOOD, FL 32750**

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 _____ 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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	GRIMALDI, RICHARD
STREET ADDRESS	184 E. BAY AVENUE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D <input type="checkbox"/> Delete
NAME	GIAMBRONE, GIUSEPPE
STREET ADDRESS	184 E. BAY AVENUE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 4/14/04 Vice-Pres (407)767-7366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #