


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-11-2005 90317 015 \*\*\*150.00

**DOCUMENT # P03000131738**

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



Principal Place of Business  
**960 COLONIAL GRAND LN  
 BLOG 1 SUITE 810  
 LAKE MARY, FL 32746 US**

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

**50025037**

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

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

City & State  
 Zip Country



03022005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0134557**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GRIMALDI, RICHARD                      184 E. BAY AVENUE                      LONGWOOD, FL 32750</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE D NAME GRIMALDI, RICHARD STREET ADDRESS 184 E. BAY AVENUE CITY-ST-ZIP LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>RICHARD GRIMALDI</b> STREET ADDRESS <b>1485 SHADWELL CIR</b> CITY-ST-ZIP <b>HEATHROW, FL 32746</b>	
TITLE D NAME GIAMBRONE, GIUSEPPE STREET ADDRESS 184 E. BAY AVENUE CITY-ST-ZIP LONGWOOD, FL 32750	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>GIUSEPPE GIAMBRONE</b> STREET ADDRESS <b>280 KIPRING CT.</b> CITY-ST-ZIP <b>HEATHROW, FL 32746</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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** 3/9/05 407-767-7366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #