


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000042154  
 1. Entity Name  
 BIZZARRO'S PIZZA OF MERRITT ISLAND, INC.



Principal Place of Business      Mailing Address  
 325-L EAST MERRITT ISLAND CAUSEWAY      2076 ABALONE AVE  
 MERRITT ISLAND, FL 32952      INDIALANTIC, FL 32903

**DO NOT WRITE IN THIS SPACE**



01212008    No Chg-P    CR2E034 (11/05)

4. FEI Number 56-2448182	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  
 DEFRANCESCO, AGATHA  
 2076 ABALONE AVE  
 INDIALANTIC, FL 32903

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000857713  
 04/01/08-80016-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEFRANCESCO, DOMENICO 2076 ABALONE AVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DEFRANCESCO, AGATHA 2076 ABALONE AVE INDIALANTIC, FL 32903
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Agatha DeFrancesco*      3/14/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #