


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90008 001 \*\*\*150.00

**DOCUMENT # S81389**

1. Entity Name  
**PAPA JOE'S OF DELTONA, INC.**



Principal Place of Business  
**1382 HOWLAND BLVD.**  
**110**  
**DELTONA, FL 32738 US**

Mailing Address  
~~1382 HOWLAND BLVD.~~  
~~SUITE 110~~  
~~DELTONA, FL 32738 US~~  
**184 E Bay Ave**  
**Longwood, FL 32750**

**54037271**



02042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3085070**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIMALDI, RICHARD T.**  
**1412 SHADWELL CIR**  
**HEATHROW, FL 32746**

**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, 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>GRIMALDI, RICHARD T.</b> <b>1412 SHADWELL CIR</b> <b>HEATHROW, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>GIAMBRONE, GIUSEPPE</b> <b>382 WINSFORD CT</b> <b>HEATHROW, FL 32746</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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* *Vice-Pres* *4/14/04* *(407) 767-7366*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #