

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627265

FILED
Mar 31, 2009
Secretary of State

Entity Name: LUIGI'S PIZZA OF BROOKSVILLE, INC.

Current Principal Place of Business:

750 S. BROAD ST.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

750 S. BROAD ST.
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-1920631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSHY, GEORGE MICHAEL
750 S BROAD STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIRSHY, GREGORY B
Address: 10301 FOX SPARROW AVE
City-St-Zip: WEEKIWACHEE, FL 34613

Title: D () Delete
Name: KIRSHY, GEORGE MICHA, EL
Address: 10301 FOX SPARROW AVE
City-St-Zip: WEEKIWACHEE, FL 34613

Title: D () Delete
Name: KIRSHY, GEORGE
Address: 10301 FOX SPARROW AVE
City-St-Zip: WEEKIWACHEE, FL 34613

Title: D () Delete
Name: KIRSHY, VICKY
Address: 10301 FOX SPARROW AVE
City-St-Zip: WEEKIWACHEE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE KIRSHY

D

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date