2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # H48664

1. Entity Name
RENNA'S PIZZA, INC.

Principal Place of Business	Mailing Address
6001-16 ARGYLE VILLAGE SQUARE JACKSONVILLE FL 32244	6001-16 ARGYLE VILLAGE SQUARE JACKSONVILLE FL 32244

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3131662 — 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
ELEFANT, FRED 1650 PRUDENTIAL DRIVE, STE 105 JACKSONVILLE FL 32207	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RENNA, JOSEPH	NAME	U000004386594
STREET ADDRESS	6001-16 ARGYLE VILLG SQ	STREET ADDRESS	02/28/06-80009-003 150.00
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RENNA, ROSETTE	NAME	
STREET ADDRESS	6001-16 ARGYLE FOREST BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RENNA, GUISEPPINA	NAME	
STREET ADDRESS	6001-16 ARGYLE VILLAGE SQUARE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RENNA, FRANCESCA	NAME	
STREET ADDRESS	6001-16 ARGYLE VILLAGE SQUARE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 2/3/06 904 349-1269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #