

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-11-2005 90320 040 ***150.00

DOCUMENT # K41346

1. Entity Name
PAPA JOE'S PIZZA, INC.



Principal Place of Business
**184 E BAY AVE
LONGWOOD, FL 32750**

Mailing Address
**184 E BAY AVE
LONGWOOD, FL 32750**

50025161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2916439

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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 reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **GRIMALDI, RICHARD T.**
STREET ADDRESS **1412 SHADWELL CIR**
CITY-ST-ZIP **HEATHROW, FL**

TITLE ☒ Change ☐ Addition
NAME **RICHARD GRIMALDI**
STREET ADDRESS **1485 SHADWELL CIR.**
CITY-ST-ZIP **HEATHROW, FL 32746**

TITLE **DV** ☐ Delete
NAME **GIAMBRONE, GIUSEPPE**
STREET ADDRESS **382 WINSFORD COURT**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☒ Change ☐ Addition
NAME **GIUSEPPE GIAMBRONE**
STREET ADDRESS **280 KIPLING CT.**
CITY-ST-ZIP **HEATHROW, FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GIUSEPPE GIAMBRONE

Date

3/9/05

Daytime Phone #

407-767-7366