

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M79819**

1. Entity Name  
J.T. PIZZA, INC.



Principal Place of Business

1405 N. BROADWAY AVE  
BARTOW, FL 33830 US

Mailing Address

2115 S. FLORIDA AVE  
LAKELAND, FL 33803

**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2871938

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLEGHORN, JACK JR  
404 GREENBRIAR AVE  
CELEBRATION, FL 34747

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement 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

and title if applicable.

(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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME CLEGHORN, JACK JR  
STREET ADDRESS 404 GREENBRIAR AVE.  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE  
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CITY-ST-ZIP

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1100000918563  
05/13/08-80088-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/08 863-682-4170