FILED
May 03, 2004 08:00 AM
Secretary of State

~~2004~~ FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000089419

1. Corp Name
JJ'S PIZZA, INC

Principal Place of Business
405 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

Mailing Address
405 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

DO NOT WRITE IN THIS SPACE

04/19/2004 No Chg # CR2E031 (10/03)

4. FEI Number
59-3675019

Page Fee $5
Title Applicable

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

6. Name and Address of Current Registered Agent

DELEONARDIS, MORENO
405 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

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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 _____ DATE
Signature of new registered agent, if applicable (Florida Registered Agent Administrative Changes)

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 Fee

U00000151067
05/04/04-80031-013 150.00

10. OFFICER AND DIRECTORS

TITLE	OP
NAME	DELEONARDIS, MORENO
STREET ADDRESS	405 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	DS
NAME	DELEONARDIS, LUCA
STREET ADDRESS	405 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	DT
NAME	DELEONARDIS, CARMELA
STREET ADDRESS	405 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: /Maria DeLeonardis 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date