2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P00000092880 1. Entity Name					Secretary of State			
#1 PIZZA	A CO., INC.	· -				·		
Principal Place of Business		Mailing Address	Mailing Address					
6821 W HILLSBOROUIGH TAMPA FL 33615		SUITE 327C	1135 SO PASADENA AVENUE SUITE 327C ST. PETERSBURG FL 33707					
2. Principal F	Place of Business	3. Mailing Address			1 10011201 N: 00111 24111 00	III 2018 2231 2242 12	150 11881 1818c catte 4	andar m idai
Suite. Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE	CR2E03	34 (10/05)	
City & State		City & State	City & State		FEI Number 59-3730)514	⊢	pphed For at Applicat
Zıp	Country	Zip	Country	5.	Certificate of Status Desi	red 🔲	\$8.75 Add	ditional ed
	5. Name and Address	of Current Registered Agent	Name	7. !	Name and Address of N	ew Registered	i Agent	
280	RTRAND, LISA M 17 KIPPS COLONY (LFPORT FL 33707	DRIVE		dress (P O. E	Box Number is Not Accep	otable)		
			City		·····	F	L Zip Cod	ì e
	e named entity submits this t tions of registered agent.	statement for the purpose of changing	its registered affice ar i	egistered ag	ent, or both, in the State	of Florida. I an	n familiar with,	, and accep
SIGNATURE	Signature, typed or conted name of a	registered agent and title if applicable (N	OTE: Registered Agent signature	n nerw barweer	enstation)	DATE		
After	FILE NOW!!! FEE IS \$1 May 1, 2006 Fee Will B k Payable to Florida Dep	150.00 e \$550.00			9. Election C	ampaign Finan d Contribution.		.00 May E
10.	OFFI	ICERS AND DIRECTORS	11.	AD	DITIONS/CHANGES TO	OFFICERS AN	10 DIRECTOR	IS IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD BERTRAND, LISA M 2807 KIPPS COLONY D GULFPORT FL 33707	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	□ M(C)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERTRAND, GIORGIO 2807 KIPPS COLONY D GULFPORT FL 33707	☐ Delate	TITLE MAME STREET ADDRESS CITY-ST-ZIP		U0000 04/20/06	3493451 -80006-0(□ Change 01 15□.0	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	GOETT GREY E SOLOT	□ Delete	TITLE NAME STRLET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE MAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
indicated of the cor	on this report or supplement reporation or the receiver of	supplied with this filing does not qualify ntal report is true and accurate and tha trustee empowered to execute this rep an address, with all other like empow	t my signature shall ha: ort as required by Cha	re the same t	legal ettect as if made ur	nder oath; that I	I am an officer	or director

FILED