


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000112383 1. Entity Name PAPA JOE'S PIZZA OF WATERFORD LAKES, INC	
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Principal Place of Business 851 N. ALAFAYA TRAIL STE Q01 ORLANDO, FL 32826	Mailing Address 184 E. BAY AVE. LONGWOOD, FL 32750
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3676754	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRIMALDI, RICHARD
1412 SHADWELL CIR
HEATHROW, FL 32746

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMALDI, RICHARD 1412 SHADWELL CIR. HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIAMBRONE, GIUSEPPE 382 WINSFORD CT HEATHROW, FL 32746
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04/19/04-80046-023 150.00

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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: Giuseppe Giambrone Vice-Pres 4/14/04 (407) 767-1366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #