


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90015 038 \*\*\*150.00

<b>DOCUMENT # P01000046447</b>	
1. Entity Name <b>FRANKIE &amp; JOHNNY'S PIZZA, INC.</b>	

Principal Place of Business <b>15981 QUAIL TRAIL FT. MYERS, FL 33912</b>	Mailing Address <b>15981 QUAIL TRAIL FT. MYERS, FL 33912</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05142006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3729717**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent	
<b>DEMATTIA, ROBERT G 15981 QUAIL TRAIL FT. MYERS, FL 33912</b>	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DEMATTIA, ROBERT G</b> <b>15981 QUAIL TRAIL</b> <b>FT. MYERS, FL 33912</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SOMBS, STEVEN</b> <b>9241 PITTSBURG BLVD.</b> <b>FT. MYERS, FL 33912</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>COMBS, STEVEN</b> <b>9241 PITTSBURG BLVD</b> <b>FT MYERS FL 33912</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **5-1-06** **239 310-4300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

To Whom it May Concern

~~40092813~~ 40092813

#PO1000046447

We FILED THIS OVER THE WEB. AND IT  
SHOWED THAT IT WAS CONFIRMED. AND PAID

I CHECKED MY CREDIT CARD AND SHOWED

THAT THIS WAS NOT PROCESSED. I AM SENDING THIS

CHECK AND SIGNED FORM IN PLACE OF WHAT  
WAS TO BE PROCESSED ON THE INTERNET. PLEASE  
ACCEPT THIS LETTER AS REQUEST TO WAIVE THE LATE  
FEE.

THANK YOU

ROBERT DEMETRIUS

