

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000046447

1. Entity Name
FRANKIE & JOHNNY'S PIZZA, INC.



Principal Place of Business
**15981 QUAIL TRAIL
FT. MYERS, FL 33912**

Mailing Address
**15981 QUAIL TRAIL
FT. MYERS, FL 33912**



07232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DEMATTIA, ROBERT G
15981 QUAIL TRAIL
FT. MYERS, FL 33912**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000770953
07/31/07 08:00 024 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DEMATTIA, ROBERT G
STREET ADDRESS	15981 QUAIL TRAIL
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	D
NAME	COMBS, STEVEN
STREET ADDRESS	9241 PITTSBURG BLVD.
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-07

Date

Daytime Phone #