

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 JUL 18 AM 11:23
STATE OF FLORIDA



07062005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000072564					
1. Entity Name ORIGINAL BIG DADDY'S PIZZA, INC.					
Principal Place of Business 604 NEW BERLIN ROAD, STE 6 JACKSONVILLE, FL 32218			Mailing Address 604 NEW BERLIN ROAD, STE 6 JACKSONVILLE, FL 32218		
2. Principal Place of Business 418-2 Starratt Rd.		3. Mailing Address 418-2 Starratt Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3736112	
Zip 32218		Country		Applied For Not Applicable	
Zip 32218		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, CHRISTOPHER 3012 CAPTIVA BLUFF CIRCLE JACKSONVILLE, FL 32226			7. Name and Address of New Registered Agent Name Ludwig & Bunn, P.A. Street Address (P.O. Box Number is Not Acceptable) 5150 Belfort Rd. S. Bldg. 500 City Jacksonville FL Zip Code 32256		
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 <u>Jeffrey E. Ludwig</u> DATE <u>7/7/05</u> <small>Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, CHRISTOPHER 3012 CAPTIVA BLUFF CIRCLE JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANZANT, LAURIE 5900 TOWNSEND RD. #227 ORANGE PARK, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOVONI, GREG 14991 CAPE FORREST TRAIL JACKSONVILLE, FL 32226 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EFFLER, STEVE AUSTIN 13626 LANIER RD. JACKSONVILLE, FL 32226 <input type="checkbox"/> Change <input checked="" 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		
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		
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: <u>Christopher Campbell</u>		Date <u>7/15/05</u> 415-2437			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					