

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000042154**

1. Entity Name  
**BIZZARRO'S PIZZA OF MERRITT ISLAND, INC.**



Principal Place of Business  
**325-L EAST MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND, FL 32952**

Mailing Address  
**2076 ABALONE AVE  
INDIALANTIC, FL 32903**

**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**56-2448182**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DEFRANCESCO, AGATHA  
2076 ABALONE AVE  
INDIALANTIC, FL 32903**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000857713  
04/01/08-80016-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
DEFRANCESCO, DOMENICO  
2076 ABALONE AVE  
INDIALANTIC, FL 32903**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
DEFRANCESCO, AGATHA  
2076 ABALONE AVE  
INDIALANTIC, FL 32903**

TITLE  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #