

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083174

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** TAMPA BAY PIZZA GROUP, INC.

**Current Principal Place of Business:**

3201 S DALE MABRY HWY SUITE 105  
TAMPA, FL 33629

**New Principal Place of Business:**

2307 S DALE MABRY HWY SUITE 105  
TAMPA, FL 33629

**Current Mailing Address:**

4115 W. SPRUCE ST.  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 20-1173491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPST ( ) Delete  
**Name:** MICRO GLASS, MARY ELIZABETH  
**Address:** 6111 COCOS DR  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** VP ( ) Delete  
**Name:** GLASS, SKIP  
**Address:** 4115 WEST SPRUCE ST  
**City-St-Zip:** TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DPST (X) Change ( ) Addition  
**Name:** MIRRO GLASS, MARY ELIZABETH  
**Address:** 6111 COCOS DR  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SKIP GLASS

VP

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date