

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90068 010 \*\*\*150.00

**DOCUMENT # P04000096629**

1. Entity Name  
**JOHN WAYNE PIZZA COMPANY**



Principal Place of Business

2716 NE 14TH ST  
OCALA, FL 34470

Mailing Address

PO BOX 1389  
SILVER SPRINGS, FL 34489-1389

40024367



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
76-0760854

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, JOHN L  
301 SHERWOOD AVE  
SATELLITE BEACH, FL 32937

Name *John Walker*

Street Address (P.O. Box Number is Not Acceptable)

*2716 NE 14th ST*

City

*Ocala*

FL

Zip Code

*34470*

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

*John Walker*

*2-23-07*

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **WALKER, MICHAEL W**  
STREET ADDRESS **PO BOX 1389**  
CITY - ST - ZIP **SILVER SPRINGS, FL 344891389**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **VP** ☐ Delete  
NAME **CONLIN, MARTIN J**  
STREET ADDRESS **PO BOX 1389**  
CITY - ST - ZIP **SILVER SPRINGS, FL 344891389**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

*John Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-23-07*

Date

*913/6807759*

Daytime Phone #