Apr 27 05 11:18a Jay Wunder, C.P.A.

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90414 033 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000096877

1. Entity Name
FRANKIE & JOHNNY'S PIZZERIA OF S.W. FLORIDA, INC.

14014249

Principal Place of Business	Mailing Address
4403 CONWAY BLVD. PORT CHARLOTTE, FL 33952	4403 CONWAY BLVD. PORT CHARLOTTE, FL 33952

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13001 TAMIAMI TR.	1663 DODGE CT.
Suite, Apt #, etc	Suite, Apt #, etc
City & State: NORTH PORT, FL.	City & State: NORTH PORT, FL.
Zip: 34287 Country: U.S.A.	Zip: 34287 Country: U.S.A.

4. FEI Number: 20-1333453 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MALLONEE, JAMES W
18501 MURDOCK CIRCLE
SUITE 101
PORT CHARLOTTE, FL 33948

7. Name and Address of New Registered Agent

Name: JOHN D. LONGINOTTI
Street Address (P.O. Box Number is Not Acceptable): 1663 DODGE CT.
City: NORTH PORT, FL Zip Code: 34287

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 D. Longinotti 4-27-05
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, 2005 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	
TITLE	D	☐ Delete	TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	LONGINOTTI, JOHN D		NAME	LONGINOTTI, JOHN D.
STREET ADDRESS	4403 CONWAY BLVD		STREET ADDRESS	1663 DODGE CT.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	NORTH PORT, FL. 34287
TITLE	D	☐ Delete	TITLE	SECRETARY ☑ Change ☐ Addition
NAME	LONGINOTTI, FRANCES		NAME	LONGINOTTI, FRANCES
STREET ADDRESS	4403 CONWAY BLVD.		STREET ADDRESS	1663 DODGE CT.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	NORTH PORT, FL. 34287
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: John D. Longinotti JOHN D. LONGINOTTI 4-27-05 941-426-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #