

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000133769

1. Entity Name
OZZY'S PIZZA INC



**FILED
Apr 21, 2008 8:00 am
Secretary of State**

03-20-2008 90025 050 ***150.00

Principal Place of Business
5835 MEMORIAL HWY
20
TAMPA, FL 33615 US

Mailing Address
5835 MEMORIAL HWY
20
TAMPA, FL 33615 US

DO NOT WRITE IN THIS SPACE

66007425



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1659943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DEMIR, ALI O
5835 MEMORIAL HWY
20
TAMPA, FL 33615

**DO NOT WRITE
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

10. OFFICERS AND DIRECTORS

TITLE	D P
NAME	DEMIR, ALI O
STREET ADDRESS	5835 MEMORIAL HWY UNIT 20
CITY-ST-ZIP	TAMPA, FL 33615

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/08 (813)2637685
Date Daytime Phone #

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/20/2008-90025-050-\$150.00-\$150.00

DOCUMENT # P04000133769-

1. Entity Name
OZZY'S PIZZA INC



Principal Place of Business
5835 MEMORIAL HWY
20
TAMPA, FL 33615 US

Mailing Address
5835 MEMORIAL HWY
20
TAMPA, FL 33615 US

DO NOT WRITE IN THIS SPACE

ATTACHMENT

66007425
01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1659943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMIR, ALI O
5835 MEMORIAL HWY
20
TAMPA, FL 33615

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

[Handwritten signature]
Signature, typed or printed name of registered agent and zip if applicable.

(NOTE: Registered Agent signature required when renaming)

DATE

03/25/08

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

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D P
DEMIR, ALI O
5835 MEMORIAL HWY UNIT 20
TAMPA, FL 33615

TITLE
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 118, 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 #

**DO NOT WRITE
IN THIS SPACE**

**DO NOT WRITE
IN THIS SPACE**