

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-20-2008 90025 050 ***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**

66007425



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1659943

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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

ALI DEMIR

04/06/08

Date


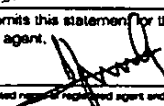
Daytime Phone #

(813) 2637685

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

ATTACHMENT

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		
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:  DATE: 03/25/08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date</small> _____ <small>Daytime Phone</small> _____		