

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90027 013 ***150.00

DOCUMENT # P04000141555 1. Entity Name DEPALMA PIZZA INC.											
Principal Place of Business 5830 S. E. ABSHIER BLVD. BELLEVIEW, FL 34420 US		Mailing Address 5830 S. E. ABSHIER BLVD. BELLEVIEW, FL 34420 US									
2. Principal Place of Business - No P.O. Box # 9590 SW Hwy 200 Suite, Apt. #, etc. Unit 5		3. Mailing Address 9590 SW Hwy 200 Suite, Apt. #, etc. Unit 5									
City & State Ocala FL		City & State Ocala FL									
Zip 34481		Zip 34481									
4. FEI Number 37-1498084		Applied For <input type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent DEPALMA, JOE T 5830 S. E. ABSHIER BLVD. BELLEVIEW, FL 34420		7. Name and Address of New Registered Agent Name Joe T Depalma Street Address (P.O. Box Number is Not Acceptable) 9590 SW Hwy 200 City Ocala FL Zip Code 34481									
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 2/28/08 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P DEPALMA, JOE T 5830 S. E. ABSHIER BLVD. BELLEVIEW, FL 34420 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEPALMA, JOE T 5830 S. E. ABSHIER BLVD. BELLEVIEW, FL 34420		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> Depalma, Joe T 9590 SW Hwy 200 Ocala FL 34481 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Depalma, Joe T 9590 SW Hwy 200 Ocala FL 34481		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 2/28/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											