

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172206

FILED  
Apr 22, 2006  
Secretary of State

Entity Name: PEPPERONI'S PIZZERIA INC.

## Current Principal Place of Business:

19975 NW 244 ST  
# 10  
HIGH SPRINGS, FL 32643

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 2152  
HIGH SPRINGS, FL 32655

## New Mailing Address:

FEI Number: 11-3737422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLS, JOEL S  
13200 WEST NEWBERRY RD  
APT# FF185  
NEWBERRY, FL 32669 US

## Name and Address of New Registered Agent:

MILLS, JOEL S  
PO BOX 2152  
HIGH SPRINGS, FL 32655 US

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.

SIGNATURE:

04/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MILLS, JOEL S  
Address: 13200 WEST NEWBERRY RD APT # FF 185  
City-St-Zip: NEWBERRY, FL 32669

Title: VP ( ) Delete  
Name: METHOT, PETER  
Address: 19975 NW 244ST # 10  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S ( ) Delete  
Name: MILLS, KAREN J  
Address: 19975 NW 244ST # 10  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: T ( ) Delete  
Name: MILLS, REBECCA  
Address: 13200 WEST NEWBERRY RD APT # FF 185  
City-St-Zip: NEWBERRY, FL 32669

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MILLS, JOEL S  
Address: 19975 NW 244 ST  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MILLS, REBECCA  
Address: 19975NW 244 ST  
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL MILLS

P

04/22/2006

Electronic Signature of Signing Officer or Director

Date