

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172206

Entity Name: PEPPERONI'S PIZZERIA INC.

FILED
Mar 27, 2008
Secretary of State

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
19975 NW 244 ST #10
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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 244 ST # 10
City-St-Zip: HIGH SPRINGS, FL 32643

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLS, JOEL S
Address: 19975 NW 244 ST #10
City-St-Zip: HIGH SPRINGS, FL 32643

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 S. MILLS

P

03/27/2008

Electronic Signature of Signing Officer or Director

Date