

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122959

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: PIZZA TIME OF ST. AUGUSTINE, INC.

## Current Principal Place of Business:

3841 WOOLBRIGHT ROAD  
BOYNTON BEACH, FL 33435

## New Principal Place of Business:

124 SAINT GEORGE ST.  
ST. AUGUSTINE, FL 32084

## Current Mailing Address:

3841 WOOLBRIGHT ROAD  
BOYNTON BEACH, FL 33435

## New Mailing Address:

639 EAST OCEAN AVE  
SUITE 101  
BOYNTON BEACH, FL 33435

FEI Number: 20-3405029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOGRASSO, VINCENZO  
3841 WOOLBRIGHT ROAD  
BOYNTON BEACH, FL 33435 US

## Name and Address of New Registered Agent:

LOGRASSO, VINCENZO  
639 EAST OCEAN AVE  
SUITE 101  
BOYNTON BEACH, FL 33435 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: VINCE LOGRASSO

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOGRASSO, VINCENZO  
Address: 3841 WOOLBRIGHT ROAD  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LOGRASSO, VINCENZO  
Address: 639 EAST OCEAN AVE 101  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP ( ) Change (X) Addition  
Name: CONIGLIARO, DOMENICO  
Address: 4223 SERENA CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: S ( ) Change (X) Addition  
Name: LOGRASSO, ANTONINA  
Address: 6436 BELLA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

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: VINCE LOGRASSO

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date