## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

## **FILED** Feb 11, 2008 08:00 AM Secretary of State DOCUMENT # P06000005991 1. Entity Name PIZZA BARN, INC. Principal Place of Business Mailing Address 5030 SEMINOLE PRATT WHITNEY ROAD 5030 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 2. Principal Place of Business - No P.Q. Box # 3. Mailina Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-4162647 Not Applicable Zιρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUCORE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5030 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE FL 33470 Zip Code City 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 Sign store, typed or printed came of registered asient and title if implication (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. . . Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BBBBBBB22971 🗆 Change TITLE ☐ Derete TITLE NAME CUCORE, MICHAEL NAME กว/วัก/กัด-88821-881 150.88 STREET ADDRESS 5030 SEMINOLE PRATT WHITNEY ROAD STREET ADDRESS LOXAHATCHEE FL 33470 CiTY-SI-ZIP CITY-ST-ZIP TITLE Derete TITLE ☐ Change Addition NAME CUCORE, SEAN NAME STREET ADDRESS 5030 SEMINOLE PRATT WHITNEY ROAD STREET ADDRESS 01TY-ST-712 LOXAHATCHEE FL 33470 CITY-SI-ZIP TITLE ☐ Derete TITE F Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Derete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Deiete TITLE Change ☐ Addition SIANS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De etc TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.