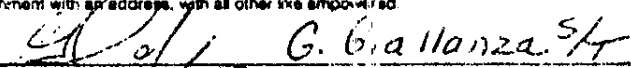


FILED
Jun 07, 2007 8:00 am
Secretary of State

05-14-2007 90076 021 ***150.00

DOCUMENT # P06000009144				Secretary of State	
1. Entity Name JGAC PIZZA, INC.		05-14-2007 90076 021 ***150.00			
Principal Place of Business 22539 SOUTHSORE DR LAND O'LAKES, FL 34639		Mailing Address 22539 SOUTHSORE DR LAND O'LAKES, FL 34639			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. PEI Number 20 4224829 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEAR, ROBERT L ESQ 2650 MCCORMICK DR STE 130 CLEARWATER, FL 33759				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO GIALLANZA, ANTHONY J 22539 SOUTHSORE DR LAND O'LAKES, FL 34639 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GIALLANZA, CHRISTINE 22401 YACHT CLUB TERRACE LAND O'LAKES, FL 34639 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GIALLANZA, GEORGINA 22539 SOUTHSORE DR LAND O'LAKES, FL 34639 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIALLANZA, JOSEPH 22539 SOUTHSORE DR LAND O'LAKES, FL 34639 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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:  G. Giallanza 4-27-07 (813) 996-4353 SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR Date Daytime Phone #					

of G. Grallanza ⁸¹³ 4-27-07 ⁹⁹⁶⁻⁴³⁵³
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
G. Grallanza 5/31-07 ⁸¹³
 996 4353