2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State
05-30-2008 90220 042 ***150.00

DOCUMENT # **P06000009144**

1. Entity Name
JGAC PIZZA, INC.

Principal Place of Business	Mailing Address
22539 SOUTHSHORE DR LAND O'LAKES FL 34639	22539 SOUTHSHORE DR LAND O'LAKES FL 34639

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15441 N Dale Mabry Highway	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State
Zip: 33618 Country: USA	Zip Country

4. FEI Number 20-4224829 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEAR, ROBERT L ESQ 2650 MCCORMICK DR STE 130 CLEARWATER FL 33759	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PD GIALLANZA, ANTHONY J ~~22539 SOUTHSHORE DR~~ ~~LAND O'LAKES FL 34639~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Giallanza, Anthony J 22401 Yachtclub Terrace Land O Lakes FL 34639	☒ 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 SOUTHSHORE 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 SOUTHSHORE DR LAND O'LAKES FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Giallanza Joseph 22539 Southshore Drive Land O Lakes FL 34639	☒ 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 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.

SIGNATURE: _____ 4-6-08 8137144888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #