

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009144

Entity Name: JGAC PIZZA, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

15441 N DALE MABRY HWY
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

22539 SOUTHSORE DR
LAND O'LAKES, FL 34639

New Mailing Address:

FEI Number: 20-4224829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEAR, ROBERT L ESQ
2650 MCCORMICK DR
STE 130
CLEARWATER, FL 33759 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: PD () Delete
Name: GIALLANZA, ANTHONY J
Address: 22401 YACHT CLUB TERR
City-St-Zip: LAND O LAKES, FL 34639

Title: VP () Delete
Name: GIALLANZA, CHRISTINE
Address: 22401 YACHT CLUB TERRACE
City-St-Zip: LAND O'LAKES, FL 34639

Title: STD () Delete
Name: GIALLANZA, GEORGINA
Address: 22539 SOUTHSORE DR
City-St-Zip: LAND O'LAKES, FL 34639

Title: VPD () Delete
Name: GIALLANZA, JOSEPH
Address: 22539 SOUTHSORE DR
City-St-Zip: LAND O'LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GEORGINA GIALLANZA S/T

S/T

04/29/2009

Electronic Signature of Signing Officer or Director

Date