

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000132822

FILED
Oct 01, 2007
Secretary of State**Entity Name:** STONEYBROOK PIZZERIA & GRILL, INC.**Current Principal Place of Business:**14405 VASHONS WAY
WINTER GARDEN, FL 34787 US**New Principal Place of Business:****Current Mailing Address:**14405 VASHONS WAY
WINTER GARDEN, FL 34787**New Mailing Address:****FEI Number:** 20-5754574**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ASMA, WILLIAM N PA
884 S DILLARD ST
WINTER GARDEN, FL 34787 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**OFFICERS AND DIRECTORS:****Title:** D (X) Delete
Name: STEIN, JAMES
Address: 3223 RIO GRANDE TRAIL
City-St-Zip: KISSIMMEE, FL 34741**Title:** D () Delete
Name: FIERRO, GRISEL
Address: 3696 PEACEPIPE COURT
City-St-Zip: CLERMONT, FL 34711**Title:** D () Delete
Name: CLEMENT, DONNA
Address: 126 FOREST AVE
City-St-Zip: COHOES, NY 12047**Title:** D () Delete
Name: CECCUCCI, ROGER
Address: 120 MASSACHUSETTS AVE
City-St-Zip: COHOES, NY 12047**Title:** D () Delete
Name: CECCUCCI, RANDALL
Address: 14405 VASHONS WAY
City-St-Zip: WINTER GARDEN, FL 34787**Title:** PD () Delete
Name: CECCUCCI, LORENA
Address: 14405 VASHONS WAY
City-St-Zip: WINTER GARDEN, FL 34787**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:**Title:** VPD (X) Change () Addition
Name: CECCUCCI, RANDALL
Address: 14405 VASHONS WAY
City-St-Zip: WINTER GARDEN, FL 34787**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: LORENA CECCUCCI

P

10/01/2007

Electronic Signature of Signing Officer or Director_____
Date