

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90067 008 ***150.00

DOCUMENT # P06000141417 1. Entity Name H & G PIZZARIA, INC.			
Principal Place of Business 2158 MAYPORT RD #5 ATLANTIC BEACH, FL 32233		Mailing Address 2158 MAYPORT RD #5 ATLANTIC BEACH, FL 32233	
2. Principal Place of Business - No P.O. Box # 2158 Mayport Rd #5 Suite, Apt. #, etc. (#5)		3. Mailing Address 2158 Mayport Rd #5 Suite, Apt. #, etc. (#5)	
City & State Atlantic Beach, FL Zip 32233 Country Duval		City & State Atlantic Beach, FL Zip 32233 Country Duval	
4. FEI Number 56-2622095		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAUGERMAN, HARLEY 13109 CHETS CREEK DR. N JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent Name NA 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. <div style="text-align: center;">NA</div>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WAUGERMAN, HARLEY STREET ADDRESS 13109 CHETS CREEK DR. N CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME ILLIANO, GENARO STREET ADDRESS 1239 BAYSHORE DR. N CITY-ST-ZIP ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME WAUGERMAN, PATTY STREET ADDRESS 13109 CHETS CREEK DR. N CITY-ST-ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE ST NAME WAUGERMAN, PATTY STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Harley C. Waugerman</u> HARLEY C. WAUGERMAN		7/3/07 (904) 249-0101	