

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000027373

FILED
Mar 05, 2009
Secretary of State

Entity Name: ACKG PIZZA, INC.

Current Principal Place of Business:

5613 UNIVERSITY BLVD W
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

22401 YACHT CLUB TERRACE
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 20-8558743

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 SUITE 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: KELLY, CHRISTOPHER
Address: 5613 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: KELLY, ALICIA
Address: 5613 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD () Delete
Name: GIALLANZA, ANTHONY
Address: 5613 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete
Name: GIALLANZA, CHRISTINE
Address: 22401 YACHT CLUB TERR
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: ANTHONY GIALLANZA

TD

03/05/2009

Electronic Signature of Signing Officer or Director

Date