



**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90244 041 ***150.00

DOCUMENT # P07000065070 1. Entity Name CARPE DIEM PIZZA, INC.					
Principal Place of Business 7605-C GUNN HIGHWAY TAMPA, FL 33625			Mailing Address 7605-C GUNN HIGHWAY TAMPA, FL 33625		
2. Principal Place of Business - No P.O. Box # 4019 W. Euclid Ave.		3. Mailing Address 7853 Gunn Hwy.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. #385			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 26-0277187	
Zip 33629		Country USA		Zip 33626	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LONGEN, JERRY 7605-C GUNN HIGHWAY TAMPA, FL 33625			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4019 W. Euclid Avenue City Tampa FL Zip Code 33629		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LONGEN, JERRY 7605-C GUNN HIGHWAY TAMPA, FL 33625		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4019 W. Euclid Avenue Tampa FL 33626	
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	
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:  Jerry Longen Date 4/21/08 Daytime Phone # (813) 690-2761					

40096784



04102008 Chg-P CR2E034 (12/06)