2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107979

Entity Name: PALACE PIZZA SHEPHERD ROAD INC

FILED Apr 30, 2009 Secretary of State

Littly Nai	HE. FALA	JE FIZZA	SHEFHERD ROAD INC	,			
Current Principal Place of Business:				New Prince	New Principal Place of Business:		
2054 SHEF MULBERR	PHERD RD Y, FL 3386						
Current Mailing Address:				New Mailing Address:			
	PHERD RD Y, FL 3386						
FEI Number:	26-1251126	FEIN	umber Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address o	of Current	Registered Agent:	Name and	l Address o	of New Registered Agent:	
MORIELLO 6707 ENGI LAKELANI		RIVE					
The above in the State			s this statement for the p	ourpose of changing	its registere	ed office or registered agent, or both,	
SIGNATUR	RE:						
	Elect	ronic Sign	ature of Registered Age	ent		Date	
Election Can	npaign Finan	cing Trust I	Fund Contribution ().				
OFFICERS	S AND DIR	ECTORS:		ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P PATRIZIA, I 5760 HIGH LAKELAND	RIDGE LOC		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP MORIELLO 6707 ENGL LAKELAND	ELAKE DRI		Title: Name: Address: City-St-Zip:	P MORIELLO 114 KENTU LAKELAND		
Title: Name: Address: City-St-Zip:	S MORIELLO 6707 ENGL LAKELAND	ELAKE DRI		Title: Name: Address: City-St-Zip:	1526 HEAR	(X) Change () Addition , ROSARIA S ITLAND CIRCLE /, FL 33860	
Title:	Т	() Delete		Title:	TS	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GIOVANNI S MORIELLO PRES 04/30/2009

MORIELLO, SALVATORE S

5760 HIGH RIDGE LOOP

LAKELAND, FL 33813

Name:

Address:

City-St-Zip:

MORIELLO, SALVATORE S

5760 HIGH RIDGE LOOP

LAKELAND, FL 33813