

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000132437

1. Entity Name
BIZZARRO PIZZA COMPANY 524, INC.



FILED
12 MAY 18 AM 11:24
TALLAHASSEE

Principal Place of Business
1907 SR 524
COCOA, FL 32926

Mailing Address
1907 SR 524
COCOA, FL 32926



2. Principal Place of Business - No P.O. Box #
1907 SR 524

3. Mailing Address
Suite, Apt. #, etc.

City & State
Cocoa FL

Zip
32926

Country
US

05092012 Chg-P CR2E034 (12/11)

6. Name and Address of Current Registered Agent
PRIVEE, BRAD M P
1907 SR 524
COCOA, FL 32926

7. Name and Address of New Registered Agent
Name
Robert E. Ladd Jr.
Street Address (P.O. Box Number is Not Acceptable)
1907 SR 524
City
Cocoa FL Zip Code
32926

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 Robert E. Ladd Jr. 5/14/12

(NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

REMITTED BY MAY 1

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRIVEE, BRAD M 304 POINT LOBOS DRIVE SATELLITE BEACH, FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LADD, ROBERT E JR 3121 KIRKLAND RD, N.E. PALM BAY, FL 32905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800235289148 05/18/12--01012--007 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Robert E. Ladd Jr. 5/14/12 laddgators@yahoo.com

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

MAY 18 2012