

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043064

Entity Name: PALACE PIZZA HIGHLAND, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

HIGHLAND CITY TOWN CENTER
5227 STATE ROAD 98
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

1127 RUSTIC ESTATES DRIVE
LAKELAND, FL 33811

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBARI, THOMAS J
5137 S. LAKELAND DRIVE
SUITE 3
LAKELAND, FL 33813 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: P () Delete
Name: MORIELLO, PATRICIA SCHIA
Address: 5760 HIGHLAND RIDGE LOOP
City-St-Zip: LAKELAND, FL 33811

Title: VP () Delete
Name: ABBATIELLO, MARCO
Address: 1057 DEMETRI LANE
City-St-Zip: LAKELAND, FL 33811

Title: SEC () Delete
Name: ESPOSITO, MICHAEL
Address: 1127 RUSTIC ESTATES DRIVE
City-St-Zip: LAKELAND, FL 33811

Title: TR () Delete
Name: ESPOSITO, MICHAEL
Address: 1127 RUSTIC ESTATES DRIVE
City-St-Zip: LAKELAND, FL 33811

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: PATRICIA MORIELLO

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date