

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071271

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PAVAROTTI'S PIZZA & RESTAURANT TWO, INC.

## Current Principal Place of Business:

9290 SW 203RD AVENUE  
DUNNELLON, FL 34431 US

## New Principal Place of Business:

8075 HWY 200 UNIT 101  
OCALA, FL 34481 US

## Current Mailing Address:

9290 SW 203RD AVENUE  
DUNNELLON, FL 34431 US

## New Mailing Address:

8075 HWY 200 UNIT 101  
OCALA, FL 34481 US

FEI Number: 26-3171579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANDOLFI, JOHN  
9290 SW 203RD AVENUE  
DUNNELLON, FL 34431 US

## Name and Address of New Registered Agent:

LANDOLFI, JOHN  
21950 SW 80TH PL RD  
DUNNELLON, FL 34431 US

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: JOHN LANDOLFI

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: LANDOLFI, JOHN  
Address: 9290 SW 203RD AVENUE  
City-St-Zip: DUNNELLON, FL 34431 US

Title: VPT ( ) Delete  
Name: LANDOLFI, JODI J  
Address: 9290 SW 203RD AVENUE  
City-St-Zip: DUNNELLON, FL 34431 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: LANDOLFI, JOHN  
Address: 21950 SW 80TH PL RD  
City-St-Zip: DUNNELLON, FL 34431 US

Title: VPT (X) Change ( ) Addition  
Name: LANDOLFI, JODI J  
Address: 21950 SW 8TH PL RD  
City-St-Zip: DUNNELLON, FL 34431 US

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: JODI LANDOLFI

VPT

04/14/2009

Electronic Signature of Signing Officer or Director

Date