2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # P22718 1. Entity Name WE TOSS 'EM - THEY'RE AWESOME - PIZZA FACTORY, INC.						02-05-2007		19 ***15	50.00
Principal Place of Business Mailing Address				.	00012732				
49430 ROAD 426 OAKHURST, CA 93644 US		% FOR DICK & MAGNING SQUIRE * POBOX 517 OAKHURST, CA 93644 * Jamison & Chappel					61811 41814 618 1	1 00 (&) 1 01)	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Numbe 77-0002	Applied For Not Applicable			
Zip Country		Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MAGUIRE	PATRICK X T.	Name							
^B & RNGTX ፟፟፟፟፟፟ጸ ፟፟፟፟፠፟፞፠ጜ፟፟፟፟ አ ፟፠ 1253 PARK STREET				Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER, FL 33756			City FL Zip Code						
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. 4 am familiar with, and accept									
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Date									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS 11					ADDITIONS/	CHANGES TO OFFI	CERS AND I	DIRECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY ST ZIP	PD WHEELER, DANIEL E. P.O. BOX 989/ 49430 RD. 426 ST OAKHURST, GA	□ Delete		F				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLEY, RONALD P.O. BOX 989/ 49430 RD 426 ST OAKHURST, CA	☐ Delete						☐ Change	☐ Addition
THILE NAME STREET ADDRESS CITY-ST ZIP	STD WHEELER, CAROL J. P.O. BOX 989/ 49430 RD. 426 S' OAKHURST, CA	☐ Delete	IITU NAM S1RE					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		l l				☐ Change	☐ Addition
NAME STREET ADDRESS CITY ST-ZIP		☐ Delete						Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete		1				Change	Addition
12. Thereby 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 this see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if									

2007 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

ATTACHMENT **ANNUAL REPORT** DOCUMENT # P22718 1. Entity Name WE TOSS 'EM - THEY'RE AWESOME - PIZZA FACTORY, INC. 60012732 Principal Place of Business Mailing Address 49430 ROAD 426 % PAXIBLOK & MAGMINEXESQUIREK * OAKHURST, CA 93644 HS P OB OX 517 OAKHURST, CA 93644 Jamison & Chappel 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 77-0002257 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAGUIRE, PATRICK X T. Street Address (P.O. Box Number is Not Acceptable) BARNSTY RANK PLAZAX 1253 PARK STREET CLEARWATER, FL 33756 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE WHEELER, DANIEL E. NAME NAME STREET ADORESS P.O. BOX 989/49430 RD. 426 STE. D. STREET ADDRESS OAKHURST, GA CITY-ST-ZIP CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change Addition WILLEY, RONALD NAME NAME P.O. BOX 989/49430 RD 426 STE. D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OAKHURST, CA CITY-ST-ZIP STD TITLE ☐ Delete ☐ Change ■ Addition TITLE WHEELER, CAROL J. NAME NAME STREET ADDRESS P.O. BOX 989/49430 RD. 426 STE D STREET ADDRESS CITY-ST-ZIP OAKHURST, CA CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-71P ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trostee 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.

Daytime Phone #