

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000601

Entity Name: NORTH PORT PIZZA, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

13201-A TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

13201-A TAMIAMI TRAIL
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0551341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEAR, ROBERT
2650 MCCORMICK DRIVE
SUITE 130
CLEARWATER, FL 34619 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: STD () Delete
Name: DIXON, DONALD
Address: 13201-A TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: PD () Delete
Name: GREEN, KEVIN
Address: 13201-A TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: VP () Delete
Name: LLOYD, RANDOLF
Address: 13201-A TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

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:

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: KEVIN GREEN

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date