


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 30, 2004 08:00 AM  
Secretary of State

DOCUMENT # P97000058523 1. Entity Name GIANNI'S PIZZA, INC.	
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Principal Place of Business 212 S. TAMiami TR VENICE, FL 34285	Mailing Address 212 S. TAMiami TR VENICE, FL 34285
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01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0765351

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BAGHI, CHRISTINE M  
219 HIGHPOINT DRIVE  
VENICE, FL 34292

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

000000022669  
01/30/04-80054-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGHI, CHRISTINE M 219 HIGHPOINT DRIVE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGHI, LOTFOLLAH 219 HIGHPOINT DRIVE VENICE, FL 34292
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Christine M. Baghi / Christine M. Baghi 1/26/04 941-484-4599  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #