

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # P97000075028

1. Entity Name
CIPOLLA PIZZA, INC.



Principal Place of Business
33 INLET HARBOR ROAD
DAYTONA BEACH, FL 32127

Mailing Address
1266 CHESSINGTON CR
LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3464298

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COOLEY, R. EDWARD
1450 SR 434 W
SUITE 200
LONGWOOD, FL 32750

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CIPOLLA, JERRY 753 PICKFAIR TERR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PALAZZOLO, JOSEPH 2941 HUNTERS LANE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CIPOLLA, FRANK 1190 GATWICK LOOP HEATHROW, FL 32746
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/07-80070-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-07 321-363-2223