

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000055556

FILED
Apr 23, 2009
Secretary of State

Entity Name: SEMINOLE PIZZARIA, INC.

Current Principal Place of Business:

6753 THOMASVILLE RD.
UNIT 107
TALLAHASSEE, FL 32312

New Principal Place of Business:

New Mailing Address:

6753 THOMASVILLE RD.
UNIT 107
TALLAHASSEE, FL 32312

Current Mailing Address:

P.O. 835
READING, MA 01867

FEI Number: 59-3520619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISCONTI, JAMES
902 OAK KNOLL AVE
TALLAHASSEE, FL 32308 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: P () Delete
Name: VISCONTI, WILLIAM J
Address: P.O. BOX 835
City-St-Zip: READING, NA 01817

Title: COO () Delete
Name: VISCONTI, JAMES
Address: 902 OAK KNOLL RD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VISCONTI, WILLIAM J
Address: 6753 THOMASVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32312

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: WVISONTI

P.

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date