

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S63638**

1. Entity Name  
 THE UNTOUCHABLES PASTA & PIZZA, INC.



Principal Place of Business  
 1150 CLEARWATER LARGO RD.  
 LARGO, FL 34640-4131

Mailing Address  
 1150 CLEARWATER LARGO RD.  
 LARGO, FL 34640-4131

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3071165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, JOANNE  
 11748 86TH AVE. N.  
 SEMINOLE, FL 34642

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

02/28/08-80030-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNES, DAVID G. 11748 86TH AVE. N. SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNES, JOANNE 11748 86TH AVE. N. SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNES, NICOLE 11748 86TH AVE N SEMINOLE, FL 33772
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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, written or other like empowered.

**SIGNATURE:** Joanne Barnes **2-16-08** **727-581-8760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #