


**FILED**  
**Aug 31, 2006 8:00 am**  
**Secretary of State**

08-31-2006 90002 019 \*\*\*158.75

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # V59477</b>					
1. Entity Name <b>THE UPPER CRUST PIZZA COMPANY OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>870 CASSAT AVE JACKSONVILLE, FL 32205</b>			Mailing Address <b>5000-18 HWY 17 PMB 233 ORANGE PARK, FL 32003</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3139794</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HOLMES, JAMES F 1696 TRAFALGAR ST ORANGE PARK, FL 32003</b>				7. Name and Address of New Registered Agent Name <b>Jamer F. Holmer</b> Street Address (P.O. Box Number is Not Acceptable) <b>5000-18 HWY 17 PMB 233</b> City <b>Orange Park</b> FL Zip Code <b>32003</b>	
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 <b>X Jamer F. Holmer</b> (NOTE: Registered Agent signature required when reappointing) DATE <b>8/29/06</b>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOLMES, JAMES F 1696 TRAFALGAR CT. ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS ZAMBITO, SALVATORE A 24 HUNTINGTON CT WILLIAMSVILLE, NY 14221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>X Jamer F. Holmer</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <b>8/29/06</b> 904-993-3371 Date Daytime Phone #		