FILED Aug 31, 2006 8:00 am Secretary of State 08-31-2006 90002 019 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V59477 1. Entity Name THE UPPER CRUST PIZZA COMPANY OF JACKSONVILLE, INC.										
Principal Plac	e of Busines	5	Mailing Address]				
870 CASSAT AVE			5000-18 HWY 17							
JACKSONVILLE, FL 32205			PMB 233 Orange Park, FL 32003							
			Oldrige Francisco	~3			I 9710 MIN 6167 ITOK 1861	ÎNÊN ÊLGII ERE EKRIK EK	DE MARKET	
Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08242006	Chg-P	CR2E034 (11	/05)	
City & State			City & State			l				ed For pplicable
Zip	Country		Zip	Coun	try	5. Certificate	of Status Desired		Additio	nal
	6. Name and Address of Current		Registered Agent		<u>کر</u>	7 Name and	Address of New Re	Fee Re	quired	
					Name —	~ II		gisterio Agent		
HOLMES, JAMES F 1696 TRAFALGAR ST					Stregt Address (P.Q. Box Number is Not Acceptable)					
ORANGE			5000			-18 HWY 17 PMB 233				
						•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	4		City			-1-	FL Zip	Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered Jgent, or both, in the State of Florida. I pm familiar with, and accept										103
the obligations of registered agent.										
SIGNATURE James J. Holmes										
Signishan, refered or printed home of registered agont and lifter it applicable. (NOTE: Registered Agont signishine required when reindowng) DATE										
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing \$5.1 Trust Fund Contribution.							In accordance w corporation did r	ith s. 607.193(2 not receive the p)(b), F.S rior not	S., the
10.		OFFICERS AND	DIRECTORS	11.	·	ADDITIONS	CHANGES TO OFFIC	TERS AND DIRECT	TODER	
INLE	DP	· .	☐ Delete	TITLE		ADDITIONO	CHARGES TO OFFI	D Ch		Addition
NAME	HOLMES, JAMES'F				AME				J- C	
STREET ADDRESS CITY-S1-ZIP				STREET ADDRESS CITY-ST-ZIP						
TITLE	DVTS		Delete	rme						
MAME	ZAMBITO, SALVATORE A				•			Che	nge [Addition
STREET ADDRESS	24 HUNTINGTON CT				ET AOORESS					
CHY-SI-ZIP	WILLIAMSVILLE, NY 14221				·SI-ZIP]
TITLE NAME			□ Delete	SJTIT				☐ Cha	лде [Addition
STREET ADDRESS				ET ADORESS						
CTTY-ST-ZIP				CITY-	-S1-ZIP					
TITLE			☐ Oeleie	TIFLE				☐ Cha	inge [Addition
NAME Street Adoress				NAME					_	
CITY-ST-7MP					ET ADORESS -ST-ZIP					-
MUE		•	☐ Delete	TITLE						Addition
NAME CTOSES ADDRESS				NAME	:			C) We	⊹are L,	_ (MAINN)
STREET ADDRESS CHTY-ST-ZIP					ET ADORESS SI-ZIP					
TIFLE			☐ Delete	TITLE						
NAME			C Details	NAME	1			Cha	nge [Addition
STREET ADDRESS City-St-Zip	1				ET ADDRESS					
	antifu than the	information constitute to	this files steer	_	ST-MP					
12. Thereby certify that the information supplied with this filling 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 atta	ichment with an address, w	wored to execute this report ith all other like empowered.	as requir	ed by Chapter 607	, Florida Statute	s; and that my name	appears in Block	10 or Bk	xck 11 i/
SIGNATURE: X James 7 Holmes 8/29/06 904-993-3371										1371
SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISCOVER PROFILE PROFILE										