

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # V60138

1. Entity Name  
PIC-A-PIZZA, INC.



Principal Place of Business

C/O THE LOOP  
14444 BEACH BLVD., #51  
JACKSONVILLE, FL 32250

Mailing Address

C/O THE LOOP  
14444 BEACH BLVD., #51  
JACKSONVILLE, FL 32250



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3138153

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BAJALIA, JEANNETTE  
125 SEA LILLY LANE  
PONTE VEDRA BEACH, FL 32082

**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

*Jeannette Bajalia*  
Signature typed or printed name of registered agent and fee if applicable

*Jeannette Bajalia*  
Signature typed or printed name of registered agent and fee if applicable

*4/30/04*  
Date

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

000000148153  
05/03/04-80137-001 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
BAJALIA, JEANNETTE  
125 SEA LILLY LANE  
PONTE VEDRA BEACH, FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
BATTEH, JIMMY  
4324 SAN MARTARRO RD N  
JACKSONVILLE, FL 32217

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 exemption stated in Section 119.07(3)(i), 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:

*Jeannette Bajalia*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeannette Bajalia*  
Date

*4/30/04 (904) 5341327*  
Date