

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G03507

Entity Name: SABO'S PIZZA, INC.

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

7448 HWY 21 N
KEYSTONE HGTS, FL 32656 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 698
KEYSTONE HGTS, FL 32656 US

New Mailing Address:

FEI Number: 59-2281709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABO, ROBERT J JR
639 HEBRON AVE
KEYSTONE HEIGHTS, FL 32656 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: DST () Delete
Name: SABO, ERAINE L,
Address: 8409 SR 100
City-St-Zip: MELROSE, FL 32666

Title: PD () Delete
Name: SABO, ROBERT J,
Address: 8409 SR 100
City-St-Zip: MELROSE, FL 32666

Title: VD () Delete
Name: SABO, ROBERT J JR
Address: 639 HEBRON AVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: SABO, ERAINE L,
Address: 645 MAGNOLIA AV
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VPD (X) Change () Addition
Name: SABO, BRITTANY N,
Address: 639 HEBRON AV
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PD (X) Change () Addition
Name: SABO, ROBERT J JR
Address: 639 HEBRON AVE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: ROBERT J SABO JR

PD

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date