

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096055

FILED
Apr 30, 2009
Secretary of State

Entity Name: ABE'S PIZZA III, INC.

Current Principal Place of Business:

12192 BEACH BOULEVARD
JACKSONVILLE, FL 32246

New Principal Place of Business:

12192 BEACH BOULEVARD
2
JACKSONVILLE, FL 32246

Current Mailing Address:

12192 BEACH BOULEVARD
JACKSONVILLE, FL 32246

New Mailing Address:

12192 BEACH BOULEVARD
2
JACKSONVILLE, FL 32246

FEI Number: 26-3588213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, ROBERT
7400 BAYMEADOWS WAY #106
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

COX, MARION
12192 BEACH BLVD
2
JACKSONVILLE, FL 32246 US

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: MARION COX

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COX, MARION
Address: 12192 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32246

Title: V () Delete
Name: HALE, CURIS
Address: 12192 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32246

Title: T (X) Delete
Name: DWYER, TRACEE
Address: 12192 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARION COX

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date