

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90014 010 ***150.00

DOCUMENT # 340960	
1. Entity Name SIR PIZZA ENTERPRISES, INC.	

Principal Place of Business 712 CRANDON BLVD KEY BISCAYNE FL 33149	Mailing Address 712 CRANDON BLVD KEY BISCAYNE FL 33149
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 6365 MARINER SANDS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State STUART, FL.	City & State STUART, FL.
Zip 34997	Country U.S.A.

4. FEI Number 59-1229113	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SWARTZ, WENDELL C. 6365 MARINER SANDS DR. STUART FL 34997	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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:

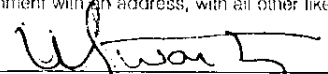
SIGNATURE _____
(Signature, typed or printed name of registered agent and state of application. (NOTE: Registered Agent signature required when reappointing.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
PD SWARTZ, WENDEL 6365 MARINER SANDS DR. STUART FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S. SWARTZ, BARBARA 6365 MARINER SANDS DR. STUART FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
V SWARTZ, BOYD 250 GALEN DR #54 KEY BISCAYNE FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/8/08 774-287 3692**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR