

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004900

FILED  
Jan 12, 2012  
Secretary of State

**Entity Name:** SLOPPY JOE'S ENTERPRISES INTERNATIONAL, INC.

**Current Principal Place of Business:**

101 ANN STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

101 ANN STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 52-2337547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MULLINS, CHRIS L  
101 ANN STREET  
KEY WEST, FL 33040 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SNELGROVE, SIDNEY  
Address: 1210 JOHNSON STREET  
City-St-Zip: KEY WEST, FL 33040

Title: D  
Name: MAYER, JOHN N  
Address: 12501 HEMM PLACE  
City-St-Zip: BOWIE, MD

Title: VD  
Name: RODGER, HEATHER  
Address: 47 PALMETTO DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: T  
Name: MARSHALL, KATHLEEN E  
Address: 101 ANN STREET  
City-St-Zip: KEY WEST, FL 33040

Title: PD  
Name: MULLINS, CHRIS  
Address: 101 ANN STREET  
City-St-Zip: KEY WEST, FL 33040

Title: S  
Name: KERSHENBAUM, MARIAN  
Address: 101 ANN STREET  
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

**SIGNATURE:** K.E. MARSHALL

T

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date