

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90025 043 \*\*\*150.00

**DOCUMENT # G03507**

1. Entity Name

SABO'S PIZZA, INC.



Principal Place of Business

7448 HWY 21 N  
KEYSTONE HGTS FL 32656  
US

Mailing Address

P.O. BOX 698  
KEYSTONE HGTS FL 32656  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2281709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SABO, ERAINE L  
8409 SR 100  
MELROSE FL 32666

7. Name and Address of New Registered Agent

Name

Robert J. Sabo Jr.

Street Address (P.O. Box Number is Not Acceptable)

639 Hebron Av

City

Keystone Hights

FL

Zip Code

32656

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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**

10. OFFICERS AND DIRECTORS

TITLE DST ☐ Delete  
NAME SABO, ERAINE L  
STREET ADDRESS 8409 SR 100  
CITY-ST-ZIP MELROSE FL 32666

TITLE PD ☐ Delete  
NAME SABO, ROBERT J  
STREET ADDRESS 8409 SR 100  
CITY-ST-ZIP MELROSE FL 32666

TITLE VD ☐ Delete  
NAME SABO JR, ROBERT J  
STREET ADDRESS 5319 CR 352  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME Robert J. Sabo Jr.  
STREET ADDRESS 639 Hebron Av  
CITY-ST-ZIP Keystone Hts FL 32656

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, or in any other like empowered.

SIGNATURE:

*Robert J. Sabo Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05 (352)473-2233

Date

Daytime Phone #