

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040642

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: HOOTERS OF SOUTH TAMPA, INC.

## Current Principal Place of Business:

107 HAMPTON ROAD  
SUITE 200  
CLEARWATER, FL 33759

## New Principal Place of Business:

## Current Mailing Address:

107 HAMPTON ROAD  
SUITE 200  
CLEARWATER, FL 33759

## New Mailing Address:

FEI Number: 59-3720262      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIEFER, NEIL G  
107 HAMPTON ROAD  
SUITE 200  
CLEARWATER, FL 33759 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: DVP ( ) Delete  
Name: DIGIANNANTONIO, GILBERT  
Address: 3717 WOODRIDGE PLACE  
City-St-Zip: PALM HARBOR, FL 34684

Title: DST ( ) Delete  
Name: RANIERI, WILLIAM  
Address: 949 SKYE LANE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete  
Name: DROSTE, EDWARD C  
Address: 20 MIDWAY ISLAND  
City-St-Zip: CLEARWATER, FL 33767

Title: D ( ) Delete  
Name: JOHNSON, DENNIS D  
Address: 277 ABERDEEN ST.  
City-St-Zip: DUNEDIN, FL 34698

Title: DP ( ) Delete  
Name: KIEFER, NEIL G  
Address: 7296 BRYCE POINT  
City-St-Zip: PINELLAS PARK, FL 33782

## 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:

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: NEIL G. KIEFER

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date