


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90047 043 \*\*\*150.00

**DOCUMENT # P05000083653**

1. Entity Name  
**SABINO'S SPORTS BAR & GRILLE, INC.**



Principal Place of Business  
**15200 TAMiami TRAIL UNIT 114  
 FT. MYERS, FL 33908**

Mailing Address  
**P. O. DRAWER 60205  
 FT. MYERS, FL 33906**

2. Principal Place of Business  
 Suite, Apt. #, etc.


3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country  
**LEE**

**00011000**



01312006 Chg-P CR2E034 (11/05)

4. FEI Number  
**01-0837647**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR.  
 12670 NEW BRITTANY BLVD., SUITE 101  
 FT. MYERS, FL 33907**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  **\$5.00 May Be Added to Fees**

Trust Fund Contribution

10. OFFICERS AND DIRECTORS		
TITLE	PSD	<input type="checkbox"/> Delete
NAME	DIFEO, DENISE	
STREET ADDRESS	15000 S. TAMiami TRAIL, SUITE 114	
CITY - ST - ZIP	FT. MYERS, FL 33908	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DIFEO, SABINO J	
STREET ADDRESS	15000 S. TAMiami TRAIL, SUITE 114	
CITY - ST - ZIP	FT. MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Dennis J. Difeo (PRES)* **01/31/06** **239 454-5560**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #