


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0837647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PSD	NAME DIFEO, DENISE
STREET ADDRESS 15000 S. TAMIAMI TRAIL, SUITE 114	
CITY-ST-ZIP FT. MYERS, FL 33908	
TITLE VTD	NAME DIFEO, SABINO J
STREET ADDRESS 15000 S. TAMIAMI TRAIL, SUITE 114	
CITY-ST-ZIP FT. MYERS, FL 33908	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000803355
02/05/08-80023-007-150.00

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 I,kg empowered.

SIGNATURE: 

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-08 **239-454-5560**

 Date Daytime Phone #