2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100401

Entity Name: MUSTANG SALLY'S TAVERN, INC

FILED Mar 02, 2012 Secretary of State

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|---|-------------------------------|---|--------------------------------------|
| Current Principal Place of Business: | | New Principal Place of Business: | |
| 4403 BUENA VISTA LANE HOLIDAY, FL 34691 US | | | |
| Current Mailing Address: | | New Mailing Address: | |
| P.O. BOX 3884 HOLIDAY, FL 346923884 US | | | |
| FEI Number: 11-3786531 FEI Num | nber Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| PINA, CARRIE 4403 BUENA VISTA LANE HOLIDAY, FL 34691 US | | | |
| The above named entity submits to in the State of Florida. | nis statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATURE: | | | |
| Electronic Signat | ure of Registered Age | ent | Date |
| | | | |
| OFFICERS AND DIRECTORS: | | | |

Title:

Name: PINA, CARRIE

Address: 4403 BUENA VISTA LANE City-St-Zip: HOLIDAY, FL 34691 US

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: CARRIE PINA D 03/02/2012