

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071043

Entity Name: LONGHORN SALOON, INC.

FILED  
Apr 29, 2011  
Secretary of State

**Current Principal Place of Business:**

540 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

540 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 26-3207287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALABRESE, ALEXIS  
540 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CALABRESE, ALEXIS  
Address: 540 DOUGLAS AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DVPT  
Name: CALABRESE, PAULA  
Address: 540 DOUGLAS AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DVPS  
Name: CALABRESE, MARYLOU  
Address: 540 DOUGLAS AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: PAULA CALABRESE

DVPT

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date