

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000003302

1. Entity Name
SLOOP JOHN B. INC.



Principal Place of Business
239 SOUTH ATLANTIC AVE.
FT. LAUDERDALE, FL 33316

Mailing Address
4330 NE 22ND AVE
FORT LAUDERDALE, FL 33308

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0461222

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SABARESE, TED
4330 NE 22ND AVE
FORT LAUDERDALE, FL 33308

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SABARESE, DEANNE
4330 NE 22ND AVE
FT. LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AMODEO, JOHN
4330 NE 22ND AVE
FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000954003
07/10/08-80007-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08

Date

554-776-4229

Daytime Phone #