

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050811

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** PETE'S PHILLY STEAKS, INC.

**Current Principal Place of Business:**

1239 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

801 SEABOLD AVE.  
PORT CHARLOTTE, FL 33948 US

**Current Mailing Address:**

1239 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

801 SEABOLD AVE.  
PORT CHARLOTTE, FL 33948 US

**FEI Number:** 65-0759575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMONE, PETER J  
1239 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904 US

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

SIMONE, PETER J  
801 SEABOLD AVE.  
PORT CHARLOTTE, FL 33948 US

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:** PETER SIMONE

01/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SIMONE, PETER J PRES.  
**Address:** 801 SEABOLD AVE NW  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

**Title:** D  
**Name:** SIMONE, CAROL A V.P.  
**Address:** 801 SEABOLD AVE NW  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

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:** PETER SIMONE

PRES

01/26/2012

Electronic Signature of Signing Officer or Director

Date