

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90147 035 ***150.00

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1. Entity Name
SAL'S PIZZA PARLOR, INC.



Principal Place of Business
**910 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904**

Mailing Address
**910 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904**

4004542



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0954908	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**LANZIERI, SALVATORE
910 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904**

**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 *Salvatore Lanzieri* **239-540-7373** **3/26/06**
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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANZIERI, SALVATORE 4445 S.E. TOTH AVENUE 4006 SE 19th Ave #101 CAPE CORAL, FL 33904
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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: *Salvatore Lanzieri*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/06 239-540-7373
Date Daytime Phone #