

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000082143

Entity Name: SAL'S PIZZA PARLOR, INC.

**FILED**  
**Aug 12, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

910 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904

## **New Principal Place of Business:**

## **Current Mailing Address:**

11620 COURT OF PALMS  
802  
FORT MYERS, FL 33908

## **New Mailing Address:**

FEI Number: 65-0954908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCULLEY, JAMES G  
910 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904 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: DPST ( ) Delete  
Name: SCULLEY, JAMES G  
Address: 11620 COURT OF PALMS  
City-St-Zip: FORT MYERS, FL 33908

Title: DPST ( ) Delete  
Name: SCULLEY, INGRID A  
Address: 11620 COURT OF PALMS #803  
City-St-Zip: FORT MYERS, FL 33908

Title: DPST ( ) Delete  
Name: HICKLE, BONNIE L  
Address: 9582 TARA BLVD  
City-St-Zip: JONESBORO, GA 30236

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCULLEY, JAMES G  
Address: 11620 COURT OF PALMS  
City-St-Zip: FORT MYERS, FL 33908

Title: VPD (X) Change ( ) Addition  
Name: SCULLEY, INGRID A  
Address: 11620 COURT OF PALMS #803  
City-St-Zip: FORT MYERS, FL 33908

Title: STD (X) Change ( ) Addition  
Name: HICKLE, BONNIE L  
Address: 9582 TARA BLVD  
City-St-Zip: JONESBORO, GA 30236

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES G. SCULLEY

PD

08/12/2009

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

\_\_\_\_\_  
Date