

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90027 023 ***150.00

DOCUMENT # P99000088941

1. Entity Name

SUNSTATE RESTAURANT MANAGEMENT #9, INC.



Principal Place of Business

1777 ST. PAUL'S DRIVE
CLEARWATER, FL 33764

Mailing Address

1777 ST. PAUL'S DRIVE
CLEARWATER, FL 33764

50009778



2. Principal Place of Business
1041 Cascade Circle

3. Mailing Address
1041 Cascade Circle

Suite, Apt. #, etc.
Apt. 301

Suite, Apt. #, etc.
Apt. 301

02222006 Chg-P CR2E034 (11/05)

City & State
Rockledge, FL

City & State
Rockledge, FL

4. FEI Number
59-3601752

Applied For
Not Applicable

Zip 32955 Country USA

Zip 32955 Country USA

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

6. Name and Address of Current Registered Agent

JOY, RONALD C
1777 ST PAULS DR
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent

Name
Pandza, Petar

Street Address (P.O. Box Number is Not Acceptable)
1041 Cascade Circle, Apt. 301

City Rockledge FL Zip Code 32955

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

Petar Pandza

Petar Pandza

3-23-06

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	D	<input checked="" type="checkbox"/> Delete
NAME	CRAIG JOY, RONALD	
STREET ADDRESS	1777 ST. PAUL'S DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Petar Pandza	
STREET ADDRESS	1041 Cascade Circle, Apt. 301	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Balint Pandza	
STREET ADDRESS	1041 Cascade Circle, Apt. 301	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Petar Pandza, President

3-23-06

321-504-3025

Date

Daytime Phone #