

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-06-2006 90027 022 ***150.00

DOCUMENT # P99000088954

1. Entity Name
SUNSTATE RESTAURANT MANAGEMENT #10, INC.



Principal Place of Business
**1777 ST. PAUL'S DRIVE
CLEARWATER, FL 33764**

Mailing Address
**1777 ST. PAUL'S DRIVE
CLEARWATER, FL 33764**

50009779



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
59-3601753

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Petar Pandza* **Petar Pandza, President** **3-23-06** **321-584-3025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #