2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S21134

1. Entity Name
SAL'S RESTAURANT, INC.

Principal Place of Business	Mailing Address
1998 N. LECANTO HWY	P.O. BOX 185
HOLDER, FL 34445 US	HOLDER, FL 34445 US

DO NOT WRITE IN THIS SPACE

4UUU/UJJ

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3049091	Not Applicable

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

6. Name and Address of Current Registered Agent

ODENDAH, WILLIAN J JR
2021 SW FIFTH AVE
OCALA, FL 34474

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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 _____

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, 2007 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
NAME	PISTONE, BERNARDO
STREET ADDRESS	929 E VICTORIAN LN
CITY-ST-ZIP	HOLDER, FL 34445

TITLE	D
NAME	PISTONE, MARIA
STREET ADDRESS	929 E VICTORIAN LN
CITY-ST-ZIP	HOLDER, FL 34445

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Bernardo Pistone_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07   352-465-0082

Date   Daytime Phone #