

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H96547

Entity Name: CRAZY PAPA'S, INC.**Current Principal Place of Business:**CRAZY PAPA'S INC
10 SARASOTA CENTER BLVD
SARASOTA, FL 34240-9770**Current Mailing Address:**10 SARASOTA CENTER BLVD
SARASOTA, FL 34240-9770 US**FEI Number:** 59-2623958**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELWELL, ALAN M
CRAZY PAPA'S INC
10 SARASOTA CENTER BLVD
SARASOTA, FL 34240-9770 US*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**Officer/Director Detail :**

Title	VP, ASST. SECRETARY
Name	MILHOLLAND, JACK JR.
Address	10 SARASOTA CENTER BLVD
City-State-Zip:	SARASOTA FL 34240-9770

Title	PRESIDENT, CEO, SECRETARY
Name	ELWELL, ALAN M.
Address	10 SARASOTA CENTER BLVD
City-State-Zip:	SARASOTA FL 34240-9770

Title	VP, COO, ASST. SECRETARY
Name	ROGERS, VIRGINIA A
Address	10 SARASOTA CENTER BLVD
City-State-Zip:	SARASOTA FL 34240-9770

Title	VP
Name	STEVE, ANAST
Address	10 SARASOTA CENTER BLVD
City-State-Zip:	SARASOTA FL 34240-9770

I hereby 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 all other like empowered.

SIGNATURE: ALAN M. ELWELL**PRESIDENT, CEO,
SECRETARY****04/20/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date