## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 05, 2007 8:00 am Secretary of State DOCUMENT # P06000107789 1. Entity Name KJF BAR B-Q, INC Mailing Address Principal Place of Business գղուս - -4291 ROOSEVELT BLVD 4291 ROOSEVELT BLVD JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-P CR2E034 (12/06) 4. FE! Number Applied For City & State City & State 20-5396147 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TIBBS, TAMMY B Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH PALM AVENUE": PALATKA FL 32177 City Zip Code 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES TITLE ☐ Delete TITLE Change ■ Addition NAME FALLS, KEVIN J NAME STREET ADDRESS 7203 TERRA WOODS STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME FALLS, JERRY W NAME STREET ADDRESS 2912 MEADOWS LANE STREET ADDRESS PALATKA, FL 32177 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition FALLS, ELIZABETH B NAME NAME STREET ADDRESS 2912 MEADOWS LANE STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 CITY-ST-ZIP ☐ Delete TITLE Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 without address, with all other like empowered.

SIGNATURE:

JERRY W. FALLS, VP 2/1/07 386-326-0991