

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000081393

**Entity Name:** B B Q DOCTOR INC.

**Current Principal Place of Business:**

9812 WATERS MEET DR.  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

9812 WATERS MEET DR.  
TALLAHASSEE, FL 32312

**FEI Number:** 35-2389856

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOELLER, BARBARA C  
9812 WATERS MEET DR.  
TALLAHASSEE, FL 32312 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 D  
Name MOELLER, BARBARA C  
Address 9812 WATERS MEET DR.  
City-State-Zip: TALLAHASSEE FL 32312

*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:** BARBARA C MOELLER

**PRES**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date