


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90070 042 ***150.00

DOCUMENT # 355355 1. Entity Name FAT BOYS' BAR-B-Q FRANCHISE SYSTEMS, INC.					
Principal Place of Business 608 S PARROTT AVE OKEECHOBEE, FL 34974 US				Mailing Address 608 S PARROTT AVE OKEECHOBEE, FL 34974 US	
2. Principal Place of Business 595 KENWOOD DR. SW.		3. Mailing Address P.O. Box 686			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VERO BEACH, FL.		City & State VERO BEACH, FL		4. FEI Number 59-1796542	
Zip 32968		Country INDIAN RIVER		Applied For <input type="checkbox"/> Not Applicable	
Zip 32968		Country INDIAN RIVER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, MITCHELL B P.O. BOX 5335 VERO BCH, FL 32961 595 KENWOOD DR SW VERO BEACH, FL 32968				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 595 KENWOOD DR SW City VERO BEACH FL Zip Code 32968	
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 <u><i>Mitchell B. Smith</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/5/05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GIANNAMORE, LAWREN F 1130 DRIFTWOOD DRIVE VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HALL, THOMAS E 4155 CANOE CREEK DRIVE ST CLOUD, FL 34772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, MITCHELL B P O BOX 5335 VERO BEACH, FL 32961	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete SMITH, MITCHELL B P O BOX 5335 VERO BCH, FL 32961	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <u><i>Mitchell B. Smith</i></u> <u>4/5/05</u> <u>772 255-9828</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					