2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 355355

1. Entity Name
FAT BOYS' BAR-B-Q FRANCHISE SYSTEMS, INC.

Principal Place of Business	Mailing Address
595 KENWOOD DR SW VERO BEACH, FL 32968 US	P.O. BOX 686 VERO BEACH, FL 32961-686 US

DO NOT WRITE IN THIS SPACE

03072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1796542
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, MITCHELL B
595 KENWOOD DR SW
VERO BEACH, FL 32968

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	GIANNAMORE, LAWRIN F
STREET ADDRESS	1130 DRIFTWOOD DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	HALL, THOMAS E
STREET ADDRESS	4155 CANOE CREEK DRIVE
CITY-ST-ZIP	ST CLOUD, FL 34772
TITLE	D
NAME	SMITH, MITCHELL B
STREET ADDRESS	P O BOX 5335
CITY-ST-ZIP	VERO BEACH, FL 32961
TITLE	PST
NAME	SMITH, MITCHELL B
STREET ADDRESS	P O BOX 5335
CITY-ST-ZIP	VERO BCH, FL 32961
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800003460929
03/23/06-80023-009 150.00

DO NOT WRITE IN THIS SPACE

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: Mitchell Smith MITCHELL B. SMITH 3-7-06 772-299-9828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #