

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90023 018 ***150.00

DOCUMENT # 355355					
1. Entity Name FAT BOYS' BAR-B-Q FRANCHISE SYSTEMS, INC.					
Principal Place of Business 595 KENWOOD DR SW VERO BEACH, FL 32968 US			Mailing Address P.O. BOX 686 VERO BEACH, FL 32961-686 US		
2. Principal Place of Business - No P.O. Box # 7569 S. VILLAGE SQ.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VERO BEACH FL.		City & State		4. FEI Number 59-1796542	
Zip 32966		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, MITCHELL B 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): 7569 S. VILLAGE SQ. City: VERO BEACH FL Zip Code: 32966		
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>Mitchell B. Smith</u> DATE: <u>3-14-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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 GIANNAMORE, LAWREN F 1130 DRIFTWOOD DRIVE VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, THOMAS E 4155 CANOE CREEK DRIVE ST CLOUD, FL 34772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MITCHELL B P O BOX 5335 VERO BEACH, FL 32961	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SMITH, MITCHELL B P O BOX 5335 VERO BEACH, FL 32961	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SMITH, MITCHELL B 7569 S. VILLAGE SQ. VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u>Mitchell B. Smith</u> <u>MITCHELL B. SMITH</u> <u>3-14-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					