

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90112 027 ***150.00

DOCUMENT # F92459

1. Entity Name
BARB-E-Q COUNTRY OF FLORIDA, INC.



Principal Place of Business

**2912 13TH SR (2912-13 St.)
SAINT CLOUD, FL 34769**

Mailing Address

**5440 ALLIGATOR LAKE RD
ST CLOUD, FL 34772**



02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2216352

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**YEASEL, BARBARA
5440 ALLIGATOR LAKE RD
ST CLOUD, FL 34772**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YEASEL, FRANK E
STREET ADDRESS 5440 ALLIGATOR LAKE RD
CITY - ST - ZIP ST CLOUD, FL

TITLE SD
NAME HALL, THOMAS E
STREET ADDRESS 4155 CANOE CREEK RD
CITY - ST - ZIP ST CLOUD, FL

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NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *Barbara Yeasel* **BARBARA YEASEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05
Date

407-892-4400
Daytime Phone #