

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F92459

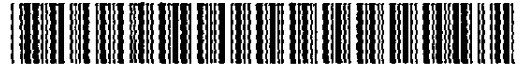
1. Entity Name
BARB-E-Q COUNTRY OF FLORIDA, INC.



Principal Place of Business
2912 13TH ST.
SAINT CLOUD, FL 34769

Mailing Address
5440 ALLIGATOR LAKE RD
ST CLOUD, FL 34772

FILED
Mar 10, 2006 08:00 AM
Secretary of State



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2216352

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 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 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000462196
03/21/06-80021-022 150.00

**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:

Frank Yeasel
Frank Yeasel, President

3-8-06

407-892-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #