

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

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



02162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2216352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008 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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000842519
03/11/08-80035-006 150.00

**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

2-26-08

401-892-4400

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #