

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F93363 1. Entity Name WOODY'S BAR B-Q II., INC.	
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Principal Place of Business 5930 POWERS AVENUE JACKSONVILLE, FL 32217 US	Mailing Address 4745 SUTTON PARK COURT, SUITE 301 JACKSONVILLE, FL 32224
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04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2209818	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLS, JAMES W JR.
 4745 SUTTON PARK COURT, SUITE 301
 JACKSONVILLE, FL 32224

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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)

<p style="text-align: center; font-weight: bold;">FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<p style="text-align: center; font-weight: bold;">\$5.00 May Be Added to Fees</p>
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100001537405
05/19/06-80016-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLS JR, JAMES W
STREET ADDRESS	101 CANNON COURT
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	STD
NAME	MILLS, YOLANDA
STREET ADDRESS	100 KINGFISHER DRIVE
CITY-ST-ZIP	PONTE VERDA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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: Harry M. Garrett 4/26/06 904-992-0536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #