

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93363

1. Entity Name
WOODY'S BAR B-Q II., INC.



Principal Place of Business
5930 POWERS AVENUE
JACKSONVILLE, FL 32217 US

Mailing Address
4745 SUTTON PARK COURT, SUITE 301
JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2209818 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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

1000001537405
05/09/06-80016-014 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry M. Garrett
Harry M. Garrett

4/26/06
Date

904-992-0536
Daytime Phone #