2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP

FILED Jan 23, 2008 08:00 A Secretary of State DOCUMENT # H39023 1. Entity Name PIT BOSS BAR-B-Q & PUB, INC. Principal Place of Business Mailing Address **4221 DES LITTLE ROAD 4221 DES LITTLE ROAD NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654** CR2E034 (11/05) 01102008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2491946 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SHERRELL, TIMOTHY J. DO NOT WRITE **4221 DES LITTLE ROAD** NEW PORT RICHEY, FL 34654 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 tritle if applicable (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SHERRELL, TIMOTHY J. STREET ADDRESS 4940 S SHORE DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655 TITLE U00000792002 01/23/08-80039-017 150.00 NAME TAYLOR, GARY STREET ADDRESS 1710 OVERVIEW DR CITY-ST-ZIP NEW PORT RICHEY, FL 34655 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 TIM SHERRELL	PRES. 1/15/08	727992870	0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone ≢	