

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J05190

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



Principal Place of Business
**2335 APALACHEE PARKWAY
TALLAHASSEE, FL 32301**

Mailing Address
**2335 APALACHEE PARKWAY
TALLAHASSEE, FL 32301**

FILED

04 APR 30 AM 11:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2651964

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

**COOKSEY, TERRY
2335 APALACHEE PKWY
TALLAHASSEE, FL 32301**

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE : O
NAME : **COOKSEY, TERRY**
STREET ADDRESS : **2335 APALACHEE PKWY**
CITY-ST-ZIP : **TALLAHASSEE, FL 32301**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**300035790643
05/10/04--01004--008 **150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

TERRY COOKSEY

4-26-04

Date

850-877-8111

Daytime Phone #