
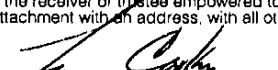


FILED
Apr 09, 2007 08:00 AM
Secretary of State

| | | | | | | |
|--|---|--|--|--|--|--|
| DOCUMENT # J05190 1. Entity Name BANJO'S BAR-B-Q, INC. | |  | | Secretary of State | | |
| Principal Place of Business 2335 APALACHEE PARKWAY TALLAHASSEE, FL 32301 | | Mailing Address 2335 APALACHEE PARKWAY TALLAHASSEE, FL 32301 | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 02222007 No Chg-P CR2E034 (11/05) | | |
| | | | | 4. FEI Number 59-2651964 | | |
| | | | | 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | U000000636632 04/18/07-80013-024 150.00 | | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O COOKSEY, TERRY 2335 APALACHEE PKWY TALLAHASSEE, FL 32301 | | | | | |
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| 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. | | | | Date 4-6-07 | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Daytime Phone # | | |