## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 15, 2008 8:00 am Secretary of State DOCUMENT # J05190 05-15-2008 90026 049 \*\*\*150.00 BANJO'S BAR-B-Q, INC. 40102652 Principal Place of Business Mailing Address 2335 APALACHEE PARKWAY 2335 APALACHEE PARKWAY TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 CR2E034 (11/05) 04302008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2651964 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COOKSEY, TERRY DO NOT WRITE 2335 APALACHEE PKWY TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. 0 TITLE NAME COOKSEY, TERRY STREET ADDRESS 2335 APALACHEE PKWY CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE -CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports true and accurage 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 receive 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 priner tiple empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST-ZIP

SHING OFFICER OR DIRECTOR

**FILED**