

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90026 039 ***550.00

DOCUMENT # J49040

1. Entity Name
DELAND BAR-B-Q ENTERPRISES, INC.



Principal Place of Business
1375 S WOODLAND BLVD.
DELAND, FL 32720

Mailing Address
1375 S WOODLAND BLVD.
DELAND, FL 32720

50023012



07202006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2761443

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

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
DAYTONA BEACH, FL 32015

**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 \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TOMLINSON, WILLIAM N.
1375 S WOODLAND BLVD.
DELAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
TOMLINSON, CAROLYN F.
1375 S WOODLAND BLVD.
DELAND, FL

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

**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

7-19-06 386-738-5607
Date Daytime Phone #