2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J49040

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

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

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2761443	Not Applicable

5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000934045 05/23/08-80016-012 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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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: _____Cheryl Stinson_____ Cheryl Stinson   4-24-08   386-738-5607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #