

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002751**

1. Entity Name  
**OPERATION BARBEQUE, INC.**



Principal Place of Business  
**7299 CHARLIE'S PL  
BROOKSVILLE, FL 34601**

Mailing Address  
**7299 CHARLIE'S PL  
BROOKSVILLE, FL 34601**



01132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3651111**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**EXUM, E. EUGENE GENE  
7299 CHARLIE'S PL  
BROOKSVILLE, FL 34601**

**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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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  
**D  
EXUM, E. EUGENE  
7299 CHARLIE'S PL  
BROOKSVILLE, FL 34601**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILROY, WILLIAM R III  
2402 SHERWOOD  
DENTON, TX 76209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MARTIN, KIMBERLY S  
16208 PAXFORD LN  
BROOKSVILLE, FL 34601**

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**

U000000012593  
01/26/04-80016-013 61.25

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 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 617, 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

1/19/04

Date

(352) 799-1944 or  
(800) 799-1944

Daytime Phone #