
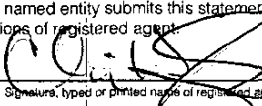
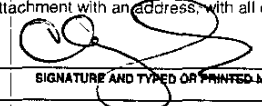


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90024 007 ***150.00

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DOCUMENT # P00000006268 1. Entity Name THE BARBECUE COMPANY OF AMERICA																																																																																									
Principal Place of Business 402 NORTHHAMPTON CIRCLE FORT WALTON BEACH, FL 32547			Mailing Address 402 NORTHHAMPTON CIRCLE FORT WALTON BEACH, FL 32547																																																																																						
2. Principal Place of Business 37 Mooney Road Suite, Apt. #, etc.		3. Mailing Address 37 Mooney Road Suite, Apt. #, etc.																																																																																							
City & State Fort Walton Beach, FL		City & State Fort Walton Beach, FL		4. FEI Number 59-3643581																																																																																					
Zip 32547		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent HUGHES, CHRISTIN A 402 NORTHHAMPTON CIRCLE FORT WALTON BEACH, FL 32547				7. Name and Address of New Registered Agent Name Hughes, Christin A Street Address (P.O. Box Number is Not Acceptable) 37 Mooney Road City Fort Walton Beach, FL Zip Code 32547																																																																																					
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:  (NOTE: Registered Agent signature required when reinstating) DATE:																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">P <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HUGHES, CHRISTIN</td> <td>NAME</td> <td>Hughes, Christin</td> </tr> <tr> <td>STREET ADDRESS</td> <td>402 NORTHHAMPTON CIRCLE</td> <td>STREET ADDRESS</td> <td>37 Mooney Road</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH, FL 32547</td> <td>CITY-ST-ZIP</td> <td>Fort Walton Beach, FL 32547</td> </tr> <tr> <td>TITLE</td> <td>VP <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DAVIS, TODD B</td> <td>NAME</td> <td>Davis, Todd B</td> </tr> <tr> <td>STREET ADDRESS</td> <td>30 SIXTH ST</td> <td>STREET ADDRESS</td> <td>1031 Arthur Ashe Court</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SHALIMAR, FL 32579</td> <td>CITY-ST-ZIP</td> <td>Fort Walton Beach, FL 32547</td> </tr> <tr> <td>TITLE</td> <td>ST <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HOLGUIN, KERI</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>386 GARDNER DR</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH, FL 32548</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HUGHES, CHRISTIN	NAME	Hughes, Christin	STREET ADDRESS	402 NORTHHAMPTON CIRCLE	STREET ADDRESS	37 Mooney Road	CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	CITY-ST-ZIP	Fort Walton Beach, FL 32547	TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DAVIS, TODD B	NAME	Davis, Todd B	STREET ADDRESS	30 SIXTH ST	STREET ADDRESS	1031 Arthur Ashe Court	CITY-ST-ZIP	SHALIMAR, FL 32579	CITY-ST-ZIP	Fort Walton Beach, FL 32547	TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HOLGUIN, KERI	NAME		STREET ADDRESS	386 GARDNER DR	STREET ADDRESS		CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 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.																																																																																									
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Date Daytime Phone #																																																																																									