


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

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| DOCUMENT # P0000078809 1. Entity Name PAUL GANT'S BARBEQUE, INC. |  |
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| Principal Place of Business 410 HWY 98 PO BOX 834 PORT ST. JOE, FL 32457 | Mailing Address 410 HWY 98 PO BOX 834 PORT ST. JOE, FL 32457 |
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-3504839 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GANT, LINDA R
470 W HWY 98
PT. ST. JOE, FL 32456

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GANT, LINDA R 103 BROAD ST PORT SAINT JOE, FL 32456 |
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04/25/07-80041-019 150.00

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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: Linda Gant 4/13/07 850-227-1473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #