

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000091012 1. Entity Name DUVAL BBQ, INC.	
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Principal Place of Business 2605 SW 33RD ST #200 OCALA, FL 34474	Mailing Address 2605 SW 33RD ST #200 OCALA, FL 34474
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01242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3680846	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
 KIRKPATRICK, KENNETH B
 2605 SW 33RD ST #200
 OCALA, FL 34474

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 KIRKPATRICK, JOHN W III 2531 NW 41ST ST, BUILDING D GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLINGER, WILLIAM D 2700-A NW 43RD ST GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOBURN, ROBERT 6440 W NEWBERRY RD #106 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIXON, WESLEY PO BOX 1333 MCINTOSH, FL 32664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKPATRICK, KENNETH B PO BOX 2495 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000022746
 01/30/04-80057-004 150.00

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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 or 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 officers empowered.

SIGNATURE:  1/26/04 352-620-2514

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