## 2006 FOR PROFIT CORPORATION

## Mar 29, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P00000096298 03-29-2006 90117 037 \*\*\*150.00 1. Entity Name GOLD RUSH BBQ, INC. Principal Place of Business Mailing Address 661 S. TAMIAMI TRAIL 661 S. TAMIAMI TRAIL VENICE, FL 34285 VENICE, FL 34285 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 65-1047045 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name J.P. SPILLANE, C.P.A. Street Address (P.O. Box Number is Not Acceptable) 12788 W FOREST HILL BLVD 2005 WELLINGTON, FL 33414 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete Change NAME OVERHOLSER, ROBERT NAME 873 W BAFFIN DR STREET ADDRESS 617 GUILD DR STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP VONICE FL 34293 TITLE ☐ Delete TITLE **Change** ☐ Addition NAME CAUDILL, PATRICK NAME 888 CONSTANCE RO 1205 CYPRESS AVENUE> STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, PL 34292 CITY-ST-ZIP VENICE, FL 34293 TITLE ☐ Delete Change ☐ Addition TITLE NAME BROWN, RICHARD NAME STREET ADDRESS 334 MARLBOROUGH RD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 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.

STREET ADDRESS

CITY-ST-7/P

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

**FILED**