2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000001147

1. Entity Name
OVIEDO BAR-B-Q, INC.

Principal Place of Business	Mailing Address
1340 ALAFAYA TRAIL OVIEDO, FL 32765	4745 SUTTON PK CT STE 301 JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

04122007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3692491	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MILLS, JAMES W
4745 SUTTON PARK CT
SUITE 301
JACKSONVILLE, FL 32224

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

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

TITLE	PSD
NAME	MILLS, JAMES W
STREET ADDRESS	101 CANNON COURT
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VP
NAME	MILLS, YOLANDA H
STREET ADDRESS	100 KING FISHER DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/07--80046-014 150.00

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: James Mills   4/25/07   904-992-0556

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