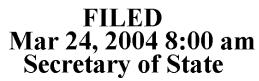
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT



03-24-2004 90030 013 \*\*\*150.00

DOCUMENT # P01000018050  1. Entity Name DUKE'S BARBEQUE, INC.					03-24-2004	90030 013	150	5.00	
Principal Plac	e of Business	Mailing Address		1		24099	1230		
4352 W. SR 200 CALLAHAN, FL 32011		4352 W. SR 200 Callahan, Fl 32011							
2. Principal P	Place of Business	3. Mailing Address	5R200						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102004	Chg-P	CR2E034	(10/03)		
City & Stat	ė	City & State	7L	4. FEI Number 59-3705				Applicable	
Zip	Country	Zip	Country		Status Desired	. 🚊 , \$8	.75 Addi	tional	
6. Name and Address of Current Registered Agent				Fee Required  7. Name and Address of New Registered Agent					
ZWEIFEL,	ATTIF T		Name						
4352 W SR 200 CALLAHAN, FL 32011			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
CALLANA	14, FL 32011								
			City			FL	Zip Code		
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	gistered office or registe	ered agent, or both,	in the State of Flo	rida. I am fami	iliar with, a	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and file if applicable. (NOTE; F	Registered Agent signature require	ed when reinstating)		DATE		ˈ	
}									
	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib	~ _ **	5.00 May 8e ded to Fees					
After M	ay 1, 2004 Fee will be \$550.4 OFFICERS AND	OO Trust Fund Contrib DIRECTORS	oution. Ad	ded to Fees	HANGES TO OFF				
After M	ay 1, 2004 Fee will be \$550.	OO Trust Fund Contrib	oution. Ad	ded to Fees	HANGES TO OFF		RECTORS Change	IN 11	
10. TITLE NAME STREET ADDRESS	OFFICERS AND P ZWEIFEL, ATTIE 4352 W. SR 200	OO Trust Fund Contrib DIRECTORS	Dution. Ad  11. TITLE NAME STREET ADDRESS	ded to Fees	HANGES TO OFF				
After M  10.  TITLE  NAME	OFFICERS AND P ZWEIFEL, ATTIE	OO Trust Fund Contrib DIRECTORS	TITLE NAME	ded to Fees	HANGES TO OFF				
After M  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND P ZWEIFEL, ATTIE 4352 W. SR 200	Trust Fund Contrib  DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ded to Fees	HANGES TO OFF		Change	Addition	
After M  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND P ZWEIFEL, ATTIE 4352 W. SR 200	Trust Fund Contrib  DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ded to Fees	HANGES TO OFF		Change	Addition	
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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.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/16/04 904 Date Devinte Phone 8