

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000021215

**1. Entity Name
STUCKEY'S/DAIRY QUEEN OF BAGDAD, INC.**



**Principal Place of Business
3675 GARCON POINT RD.
BAGDAD, FL 32530**

**Mailing Address
PO BOX 532
BAGDAD, FL 32530**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3699620**

**Applied For
Not Applied**

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

6. Name and Address of Current Registered Agent

**GRIMES, BRUCE
3673 GARCON POINT RD.
BAGDAD, FL 32530**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME GOODWYN, WAYNE
STREET ADDRESS 514 RUSSELL ST.
CITY-ST-ZIP NASHVILLE, TN 37206**

**TITLE D
NAME STUCKEY, W.S. JR
STREET ADDRESS 4601 WILLARD AVE.
CITY-ST-ZIP CHEVY CHASE, MD 20815**

**TITLE D
NAME GRIMES, BRUCE
STREET ADDRESS 4074 PACE LN.
CITY-ST-ZIP PACE, FL 32571**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U000000391069
01/24/06-80025-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce Grimes, Secy.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 850-623-251

Date

Daytime Phone #