

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 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**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3699620

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000789668
01/23/08-80002-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWYN, WAYNE 514 RUSSELL ST. NASHVILLE, TN 37206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUCKEY, W.S. JR 4601 WILLARD AVE. CHEVY CHASE, MD 20815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, BRUCE 4074 PACE LN. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE: *Bruce Grimes* **BRUCE GRIMES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08
Date

850-623-2522
Daytime Phone #