


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000056458 1. Entity Name COLONEL FROG'S TENNESSEE BAR-B-QUE, INC.	
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Principal Place of Business 3171 S STONE BROOK DR HOMOSASSA, FL 34448	Mailing Address 14 GRAYTWIG COURT HOMOSASSA, FL 34446
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02062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1114902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FROGGE, CHARLES R 14 GRAYTWIG COURT HOMOSASSA, FL 34446
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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 Charles R Frogge Charles R Frogge 2-12-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FROGGE, CHARLES R 14 GRAYTWIG COURT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FROGGE, ANITA J 14 GRAYTWIG COURT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEISS, STEVEN M 22 GRAYTWIG COURT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000233886 02/17/05-80053-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles R Frogge Charles R Frogge 2-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #