

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000066050

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** MATT'S BAR B Q SAUCE INC.

**Current Principal Place of Business:**

2085 SE MANDRAKE CIRCLE  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8144  
PORT ST. LUCIE, FL 349858144

**New Mailing Address:**

**FEI Number:** 65-1120017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDERS, MATTHEW OWNER  
2085 SE MANDRAKE CIRCLE  
PORT ST LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PTC  
**Name:** SANDERS, MATTHEW III  
**Address:** 2085 SE MANDRAKE CIRCLE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

**Title:** V  
**Name:** SANDERS, MATTHEW JR  
**Address:** 1783 VERONICA SHOEMAKER AVENUE  
**City-St-Zip:** FORT MYERS, FL 33916

**Title:** SD  
**Name:** SANDERS, SANDRA L  
**Address:** 2085 SE MANDRAKE CIRCLE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MATTHEW SANDERS III

PRES

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date