

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000074195

1. Entity Name

MR. T'S BARBECUE, INC.



FILED

06 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1401D LAKE BRADFORD RD.
TALLAHASSEE FL 32304
US

Mailing Address

3112 BROOKRIDGE DRIVE
TALLAHASSEE FL 32305
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1694308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, TODD W
1634 S. TRAILBLAZER DR.
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME SANDERS, WILLIAM
STREET ADDRESS 3112 BROOKRIDGE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE D ☒ Delete
NAME SANDERS, JEWEL M
STREET ADDRESS 3112 BROOKRIDGE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE D ☐ Delete
NAME SANDERS, TODD W
STREET ADDRESS 1634 S TRAILBLAZER DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE S ☐ Delete
NAME SANDERS, JADA C
STREET ADDRESS 1634 S TRAILBLAZER DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100075027911
STREET ADDRESS 05/22/06--01035--014 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06 18505767537
Date Daytime Phone #