

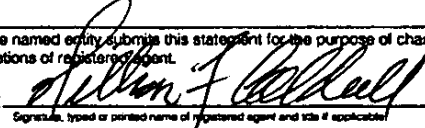



**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90040 036 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000013027</b>		
1. Entity Name MELBOURNE BAR-B-Q, INC.		
Principal Place of Business 2622 LIGHTHOUSE BEND DR PONTE VEDRA BEACH, FL 32082	Mailing Address 2622 LIGHTHOUSE BEND DR PONTE VEDRA BEACH, FL 32082	<b>66005071</b>  01272005 No Chg-P CR2E034 (10/03)
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number 45-0463422		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent  CALDWELL, WILLIAM F 2622 LIGHTHOUSE BEND DR PONTE VEDRA BEACH, FL 32082		<b>DO NOT WRITE IN THIS SPACE</b>
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:  DATE: 8/12/05 <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS CALDWELL, WILLIAM F 2622 LIGHTHOUSE BEND DR PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 live addresses. SIGNATURE:  8/12/05 904/285-9036 <small>Signature and typed or printed name of bonding officer or director Date Daytime Phone #</small>		