

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90009 045 ***150.00

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1. Entity Name
SOUTHWEST BAR-B-Q INC.



Principal Place of Business
255 SOUTH ORANGE AVE.
SUITE 1700
ORLANDO, FL 32801

Mailing Address
P.O. BOX 231
ORLANDO, FL 32802-0231

94018257



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3041039

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTIANSEN, PATRICK T
255 SOUTH ORANGR AVENUE
SUITE 1700
ORLANDO, FL 32801

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOKANSON, JOHNRT E 255 SOUTH ORANGE AVE, SUITE 1700 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS CHRISTIANSEN, PATRICK T 255 SOUTH ORANGE AVE, SUITE 1700 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS CHRISTIANSEN, TODD 255 SOUTH ORANGE AVE, SUITE 1700 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President 407.843.7880
Date Daytime Phone #