

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000045298

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



01122005 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

CHRISTIENSEN, PATRICK T
255 SOUTH ORANGE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
CHRISTIENSEN, PATRICK T
255 SOUTH ORANGE AVE, SUITE 1700
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TAS
CHRISTIENSEN, 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**

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03/04/05-80061-005 150.00

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:

Patrick Christensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05

Date

407.843-7866

Daytime Phone #