

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90077 008 \*\*\*150.00

**DOCUMENT # P02000045298**

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



Principal Place of Business  
**420 SOUTH ORANGE AVE  
SUITE 1200  
ORLANDO, FL 32801**

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

**DO NOT WRITE IN THIS SPACE**

**60008419**



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>74-3041039</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**CHRISTIANSEN, PATRICK T  
420 S. ORANGE AVE  
SUITE 1200  
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 signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	HOKANSON, JOHN R T E
STREET ADDRESS	1767 LAKEWOOD RANCH BLVD., BOX 274
CITY - ST - ZIP	BRADENTON, FL 34121
TITLE	DVPS
NAME	CHRISTIANSEN, PATRICK T
STREET ADDRESS	420 S. ORANGE AVE., SUITE 1200
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	TAS
NAME	CHRISTIANSEN, TODD
STREET ADDRESS	615 SHERIDAN BLVD
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

*(/22/07)* *407-423-4014*  
Date Daytime Phone #