

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045298

FILED
Apr 02, 2009
Secretary of State

Entity Name: SOUTHWEST BAR-B-Q INC.

Current Principal Place of Business:

420 SOUTH ORANGE AVE
SUITE 1200
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 231
ORLANDO, FL 328020231

New Mailing Address:

FEI Number: 74-3041039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIANSEN, PATRICK T
420 S. ORANGE AVE
SUITE 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOKANSON, JOHN E
Address: 1767 LAKEWOOD RANCH BLVD., BOX 274
City-St-Zip: BRADENTON, FL 34121

Title: DVPS (X) Delete
Name: CHRISTIANSEN, PATRICK T
Address: 420 S. ORANGE AVE., SUITE 1200
City-St-Zip: ORLANDO, FL 32801

Title: TAS () Delete
Name: CHRISTIANSEN, TODD
Address: 615 SHERIDAN BLVD
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOKANSON, JOHN E
Address: 567 INTERSTATE BOULEVARD
City-St-Zip: SARASOTA, FL 34240

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD M. CHRISTIANSEN

TAS

04/02/2009

Electronic Signature of Signing Officer or Director

Date