2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT

DOCUMENT # P02000062490

Entity Name

SOUTHERN ACCENTS BY GREEN MOUNTAIN BBQ, INC.



04-13-2005 90054 035 ***150.00

Apr 13, 2005 8:00 am Secretary of State

FILED

Principal Place of Business

Mailing Address

17547 ROCKEFELLER CIRCLE FORT MYERS, FL 33912

17480 CAPPER LANE ESTERO, FL 33928



DO NOT WRITE IN THIS SPACE

04082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, 17480 CAI ESTERO,	PPER LANE					WRITE SPACE	
	named entity submits this statement for the pricions of registered agent.	urpose of changing its registere	ed office or re	gistered agent, or b	oth, in the Stat	e of Florida. I am far	niliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	d Agent signature r	equired when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS	34,	Joseph Service Contract	in a survey of a	FI CLE O'LL	31/32 17 35.3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, SKIFF 17480 CAPPER LANE ESTERO, FL 33928						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		DO	TON	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP		· · · · ·					
12. I hereby a indicated	certify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for the exer nd accurate and that my signat	mption stated ure shalf have	in Section 119.07(3 the same legal eff	B)(i), Florida Sta ect as if made	atutes. I further certify under oath; that I am	/ that the information an officer or director

12. I hereby certify that the information supplied with this filling 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

Date

Daytime Phone #