

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90206 029 ***150.00

DOCUMENT # P02000065160	
1. Entity Name SOUTH FLORIDA BARBEQUE, INC.	

Principal Place of Business 5980 WINKLER RD FT MYERS, FL 33919	Mailing Address C/O ROBERT D. ROYSTON, JR COSTELLO, SIMS & ROYSTON/ P.O DRAW 60205 FT MYERS, FL 33906
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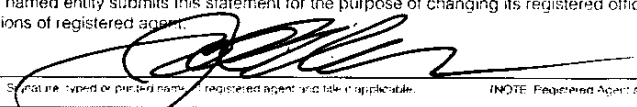
2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Drawer 60205
Suite, Apt. #, etc.	Suite, Apt. #, etc. c/o John M. Wicker, P.A.
City & State	City & State Fort Myers FL
Zip	Zip 33906
Country	Country Lee



01182008 Chg-P CR2E034 (12/06)

4. FEI Number 75-3065398	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD, STE 101 FT MYERS, FL 33907	
7. Name and Address of New Registered Agent Name: JOHN M. WICKER, P.A. Street: 12670 NEW BRITTANY BLVD., STE 101 City: FORT MYERS, FL 33907 Zip Code:	

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.

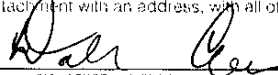
SIGNATURE:  DATE: _____

Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST COYNE, DALE P DALE COYNE RACING/ 13400 BUDLER RD PLAINFIELD, IL 60544 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:  DATE: 4-24-08 Filing Phone #: 815-886-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR