

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000078094

1. Entity Name
SMOKE'S BACKYARD BAR-BE-CUE INC.



Principal Place of Business
7410 GONDOLA DR.
ORLANDO, FL 32809

Mailing Address
7410 GONDOLA DR.
ORLANDO, FL 32809



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2283734

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CHARLES S
7410 GONDOLA DR.
ORLANDO, FL 32809

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WILLIAMS, PATRICIA G
STREET ADDRESS 7410 GONDOLA DR.
CITY-ST-ZIP ORLANDO, FL 32809

TITLE VPTD
NAME WILLIAMS, PATRICIA G
STREET ADDRESS 7410 GONDOLA DR.
CITY-ST-ZIP ORLANDO, FL 32809

TITLE P
NAME WILLIAMS, CHARLES S
STREET ADDRESS 7410 GONDOLA DR.
CITY-ST-ZIP ORLANDO, FL 32809

TITLE S
NAME GOLDEN, ROSEMARY S
STREET ADDRESS 1425 MARY JEAN AVE.
CITY-ST-ZIP ORLANDO, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000098510
03/29/04-80044-002 150.00

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IN THIS SPACE**

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: *Charles S Williams* Charles S Williams 3-24-A 407 383-4996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #