


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90350 025 ***150.00

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| DOCUMENT # P02000083011 |  |
| 1. Entity Name BREVARD BAR-B-Q, INC. | |

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| Principal Place of Business 4745 SUTTON PK CT 301 JACKSONVILLE, FL 32224 | Mailing Address 4745 SUTTON PK CT 301 JACKSONVILLE, FL 32224 |
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|---|-----------------------------------|
| 2. Principal Place of Business 437 No. 3rd. St. | 3. Mailing Address SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--|-------------------------|
| City & State Jacksonville Beach FL | City & State |
| Zip 32250 | Country DUVAL |

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| 6. Name and Address of Current Registered Agent CALDWELL, WILLIAM F 2622 LIGHTHOUSE BEND DRIVE PONTE VEDRA BEACH, FL 32082 | |
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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.

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|---|------------|
| SIGNATURE _____ | DATE _____ |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PS CALDWELL, WILLIAM F 2622 LIGHTHOUSE BEND DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: X  | Date _____ | Daytime Phone # _____ |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |

14015576



04282004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 52-2374100 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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