


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90114 035 \*\*\*150.00

<b>DOCUMENT # P02000083011</b> 1. Entity Name <b>BREVARD BAR-B-Q, INC.</b>					
Principal Place of Business <b>427 NO. 3RD ST JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>427 NO. 3RD ST JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country		Country	
<div style="display: flex; justify-content: space-between;"> <span>01092006 Chg-P CR2E034 (11/05)</span> <div style="border: 1px solid black; padding: 2px;">             4. FEI Number  <b>52-2374100</b> </div> <div style="border: 1px solid black; padding: 2px;">             Applied For  <input type="checkbox"/> Not Applicable           </div> </div>					
<div style="display: flex; justify-content: space-between;"> <span>5. Certificate of Status Desired <input type="checkbox"/></span> <span><b>\$8.75</b> Additional Fee Required</span> </div>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CALDWELL, WILLIAM F 2622 LIGHTHOUSE BEND DRIVE PONTE VEDRA BEACH, FL 32082</b>			Name <b>William F Caldwell</b> Street Address (P.O. Box Number is Not Acceptable) <b>113 Settlers Rd</b> City <b>Ponte Vedra Bch</b> <b>FL</b> Zip Code <b>32082</b>		
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. <i>William Caldwell</i> SIGNATURE <u><i>William F Caldwell</i></u> DATE <u><i>1/19/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS CALDWELL, WILLIAM F 2622 LIGHTHOUSE BEND DRIVE PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. WILLIAM F CALDWELL 113 Settlers Rd. PVB, FL 32082</b> <input checked="" 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		
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		
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 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: <i>William Caldwell</i>		<i>1/19/06</i> <i>904-246-0713</i> <small>Date Daytime Phone #</small>			