2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005
Secretary of State

DOCUMENT# P02000093691

Entity Name: RIB KING BAR*B*Q, INC.

Current Principal Place of Business:

13101 N. CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

13101 N. CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 59-2313319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIESEL, THOMAS F
2121 MCGREGOR BLVD.
FORT MYERS, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HANEY, DON E
Address: 13101 N. CLEVELAND AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete
Name: GILL, EARL F
Address: 1593 MANCHESTER BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: HAYDEN, THOMAS J
Address: 5810 SUNNYSIDE LANE
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: KIESEL, THOMAS F
Address: 2121 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON E. HANEY PRES 05/31/2005

Electronic Signature of Signing Officer or Director — Date