


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90012 023 ***150.00

DOCUMENT # P02000124703	
1. Entity Name MR. B B Q, INC.	

Principal Place of Business 126 NE ELGIN PARKWAY FORT WALTON BEACH, FL 32548	Mailing Address 126 NE ELGIN PARKWAY FORT WALTON BEACH, FL 32548
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24005328

2. Principal Place of Business 402 Northampton Circle Suite, Apt. #, etc. Fort Walton Beach FL 32547	3. Mailing Address 402 Northampton Circle Suite, Apt. #, etc. Fort Walton Beach FL 32547
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City & State Fort Walton Beach Florida	City & State Fort Walton Beach Florida
Zip 32547	Zip 32547
Country USA	Country USA



01222004 Chg-P CR2E034 (10/03)

4. FEI Number 05-0566525		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HUGHES, CHRISTIN 402 NORTHAMPTON CIRCLE FORT WALTON BEACH, FL 32547		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Christin Hughes DATE 1/26/04

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

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	D HUGHES, CHRISTIN 402 NORTHAMPTON CIRCLE FORT WALTON BEACH, FL 32547 <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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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: Christin Hughes DATE 1/26/04 DAYTIME PHONE # 850 863-7849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR