
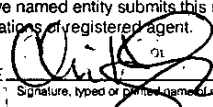



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90025 049 \*\*\*150.00

<b>DOCUMENT # P02000124703</b> 1. Entity Name <b>MR. B B Q, INC.</b>					
Principal Place of Business <b>402 NORTHAMPTON CIRCLE FORT WALTON BEACH, FL 32547</b>			Mailing Address <b>402 NORTHAMPTON CIRCLE FORT WALTON BEACH, FL 32547</b>		
2. Principal Place of Business <b>37 Mooney Road</b>			3. Mailing Address <b>37 Mooney Road</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Fort Walton Beach, FL</b>			City & State <b>Fort Walton Beach, FL</b>		
Zip <b>32547</b>			Zip <b>32547</b>		
Country			Country		
4. FEI Number <b>05-0566525</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>HUGHES, CHRISTIN 402 NORTHAMPTON CIRCLE FORT WALTON BEACH, FL 32547</b>				7. Name and Address of New Registered Agent Name <b>Hughes, Christin</b> Street Address (P.O. Box Number is Not Acceptable) <b>37 Mooney Road</b> City & State <b>Fort Walton Beach, FL 32547</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.					
SIGNATURE:  DATE: <b>1/21/05</b> <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 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>HUGHES, CHRISTIN</b> <b>402 NORTHAMPTON CIRCLE</b> <b>FORT WALTON BEACH, FL 32547</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>Hughes, Christin</b> <b>37 Mooney Road</b> <b>Fort Walton Beach, FL 32547</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 			Date: <b>1/21/05</b> Daytime Phone #: <b>(850) 863-7849</b>		

50006802



01212005 Chg-P CR2E034 (10/03)