

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90003 015 \*\*\*150.00

<b>DOCUMENT # P03000027192</b> 1. Entity Name <b>THE BAR-BQ SHACK, INC.</b>					
Principal Place of Business <b>614 N. STATE ST. BUNNELL, FL 32110</b>			Mailing Address <b>614 N. STATE ST. BUNNELL, FL 32110</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1 Pythian Place</b> Suite, Apt. #, etc.			
City & State		City & State <b>Palm Coast, FL</b>		4. FEI Number <b>45-0500084</b>	
Zip <b>32164</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>YOSHIKANE, DAVID M 1 PYTHIAN PLACE PALM COAST, FL 32164</b>				7. Name and Address of New Registered Agent Name <b>Yoshikane, Haroula</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 Pythian Place</b> City <b>Palm Coast</b> <b>FL</b> Zip Code <b>32164</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 <b>Haroula Yoshikane</b> <b>Haroula Yoshikane</b> <b>3/20/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <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	PD YOSHIKANE, HAROULA 1 PYTHIAN PLACE PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOSHIKANE, DAVID M 1 PYTHIAN PLACE PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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: <b>Haroula Yoshikane</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/20/04</b> <b>386-437-0021</b> <small>Date Daytime Phone #</small>		