


FILED
Feb 24, 2006 8:00 am
Secretary of State

01-23-2006 90114 036 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
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| DOCUMENT # P03000039174 | |  | |
| 1. Entity Name PALM BAY BAR-B-Q, INC. | | | |
| Principal Place of Business 427 N. 3RD ST. JACKSONVILLE BEACH, FL 32250 | | Mailing Address 427 N. 3RD ST. JACKSONVILLE BEACH, FL 32250 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 42-1586758 | | 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 CALDWELL, WILLIAM F 2622 LIGHTHOUSE BEND DRIVE PONTE VEDRA BEACH, FL 32082 | | 7. Name and Address of New Registered Agent Name William F Caldwell Street Address (P.O. Box Number is Not Acceptable) 113 Settlers Rd City Ponte Vedra Bch FL Zip Code 32082 | |
| 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 <u>William F Caldwell</u> DATE <u>1/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 | P CALDWELL, WILLIAM F 2602 LIGHTHOUSE BEND DR PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES. WILLIAM F CALDWELL 113 Settlers Rd PVB, FL 32082 <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 |
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| 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: <u>William F Caldwell</u> | | 2/18/06 904-246-0713 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

66002528



01092006 Chg-P CR2E034 (11/05)



ATTACHMENT

66002528

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2006

PALM BAY BAR-B-Q, INC.
427 N. 3RD ST.
JACKSONVILLE BEACH, FL 32250

Subject: PALM BAY BAR-B-Q, INC.

Reference Number: P03000039174

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION