


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90151 007 ***150.00

DOCUMENT # P03000045307	
1. Entity Name WILLIE'S BARBEQUE INC.	

Principal Place of Business 740 N 9TH ST WINTER GARDEN, FL 34787	Mailing Address 740 N 9TH ST WINTER GARDEN, FL 34787
--	--

50020844



2. Principal Place of Business WINTER GARDEN	3. Mailing Address 740 N 9th St
Suite, Apt. #, etc. 740 N 9th St	Suite, Apt. #, etc. 740 N 9th St
City & State FL	City & State FL
Zip 34787	Country USA

05162006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3786119	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	
MASON, EUGENE	
6185 HOLLY ST	
ZELLWOOD, FL 32798	

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 Eugene Mason	DATE 30 May 06

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MASON, EUGENE P O BOX 149 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MASON, JOAN A P O BOX 149 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUSH, ROBERT L 723 S LAKE AVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRIDGEWATER, CHERADIN 3537 BENITO JUAREZ CIR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eugene Mason	DATE 30 May 06 (407) 656-6100