

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000045307



1. Entity Name

WILLIE'S BARBEQUE INC.

Principal Place of Business

**WINTER GARDEN
740 NORTH 9TH ST
WINTER GARDEN FL 34787**

Mailing Address

**740 N 9TH ST
WINTER GARDEN FL 34787**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-3786119**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P MASON, EUGENE**
STREET ADDRESS **P O BOX 149**
CITY-STATE-ZIP **ZELLWOOD FL 32798**

TITLE ☐ Delete
NAME **V MASON, JOAN A**
STREET ADDRESS **P O BOX 149**
CITY-STATE-ZIP **ZELLWOOD FL 32798**

TITLE ☐ Delete
NAME **T BUSH, ROBERT L**
STREET ADDRESS **723 S LAKE AVE**
CITY-STATE-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
NAME **S BRIDGEWATER, CHERADIN**
STREET ADDRESS **3537 BENITO JUAREZ CIR**
CITY-STATE-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U000000671086**
CITY-STATE-ZIP **03/28/07-80015-011 150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 **EUGENE MASON (P)**

3.7.07

407/656-6100