

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90051 026 ***158.75

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1. Entity Name
VILLAGE BONO'S BAR-B-Q, INC.



Principal Place of Business
1114 SAN BERNARDO RD
THE VILLAGES, FL 32162

Mailing Address
1114 SAN BERNARDO RD
THE VILLAGES, FL 32162

440K0011



2. Principal Place of Business

3. Mailing Address

03092004 Chg-P CR2E034 (10/03)

4. FEI Number
16-1663253
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RABER, GAIL
1114 SAN BERNARDO RD
THE VILLAGES, FL 32162

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME Gail Raber Pres. Director ☐ Delete
STREET ADDRESS 1114 San Bernardo Road
CITY-ST-ZIP The Villages FL 32162

TITLE NAME Richard Skinner V. Pres ☐ Delete Dir
STREET ADDRESS 862 Robles Ave
CITY-ST-ZIP The Villages FL 32162

TITLE NAME Paul Raber Treas. Director ☐ Delete
STREET ADDRESS 1114 San Bernardo Road
CITY-ST-ZIP The Villages FL 32162

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *Gail Raber* Gail Raber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04
Date

352-259-0729
Daytime Phone #