

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054396

FILED  
Jun 01, 2009  
Secretary of State

Entity Name: AL'S FINGER LICKING GOOD BAR-B-QUE, INC.

**Current Principal Place of Business:**

105 W. WHEELER ROAD  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

105 W. WHEELER ROAD  
SEFFNER, FL 33584

**New Mailing Address:**

FEI Number: 73-1676750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KING, HELEN  
1302 28TH AVENUE  
TAMPA, FL 33605 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REYNOLDS, ALLEN  
Address: 105 W. WHEELER ROAD  
City-St-Zip: SEFFNER, FL 33584

Title: VP ( ) Delete  
Name: REYNOLDS, JACQUELINE  
Address: 105 W. WHEELER ROAD  
City-St-Zip: SEFFNER, FL 33584

Title: SEC (X) Delete  
Name: REYNOLDS, ATIYYA  
Address: 105 W. WHEELER ROAD  
City-St-Zip: SEFFNER, FL 33584

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE A. REYNOLDS

VP

06/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date