


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000065096
 1. Entity Name
 LOUIS' BAR-B-Q, INC.



Principal Place of Business
 2191 US 1
 TITUSVILLE, FL 32796

Mailing Address
 P.O. BOX 337
 SCOTTSMOOR, FL 32775

DO NOT WRITE IN THIS SPACE



07152008 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3685777	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, LOUIS E
 2191 US 1
 TITUSVILLE, FL 32796

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000955638
 07/18/08-80006-002 150.00


FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANDERS, LOUIS E 2191 US 1 TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SANDERS, TERESA L 2191 US 1 TITUSVILLE, FL 32796
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: TERESA SANDERS DIRECTOR 7/15/8 (321) 264-1446

(Handwritten signature: Teresa Sanders)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR