

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90168 035 \*\*\*150.00

**DOCUMENT # P03000083317**

1. Entity Name  
**DYAL'S SMOKEHOUSE, INC.**



Principal Place of Business  
**DYAL ROAD**  
**RT 15 BOX 1210**  
**LAKE CITY, FL 32024**

Mailing Address  
**DYAL ROAD**  
**RT 15 BOX 1210**  
**LAKE CITY, FL 32024**

00048316



2. Principal Place of Business  
**PENSACOLA FLORIDA**  
 (Suite) Apt. #, etc. **PERDIDO KEY DR. C-34-U**

3. Mailing Address  
**13555 PERDIDO KEY DRIVE**  
 (Suite) Apt. #, etc. **C-34-U**

04192005 Chg-P CR2E034 (10/03)

City & State  
**PENSACOLA FL.**

City & State  
**PENSACOLA FLORIDA**

Zip  
**32507** Country **ESCAMBIA**

Zip  
**32507** Country **ESCAMBIA**

4. FEI Number  
**59-3207450**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BENSON, GARY A**  
**2955 HARTLEY ROAD STE 101**  
**JACKSONVILLE, FL 32257**

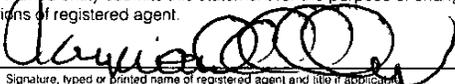
7. Name and Address of New Registered Agent

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  DATE **04-21-2005**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

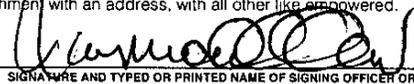
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
D	DYAL, RAYMOND O	DYAL ROAD, RT 15 BOX 1210	LAKE CITY, FL 32024	<input type="checkbox"/> Delete
				<b>SECRETARY</b>
D	NEWMAN, JOHN D	1185 WARDS PLACE	JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
D	LITTLE, DONALD E	RT 9 BOX 788-1	LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	<b>DEBORAH G. DYAL</b>	<b>13555 PERDIDO KEY DRIVE</b>	<b>C-34-U PENSACOLA, FL 32507</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:  DATE **04-21-2005**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #