

# 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

*DYAL'S SMOKE HOUSE*

2. Principal Place of Business

*PENSACOLA FLORIDA*

3. Mailing Address

*13555 PERDIDO KEY DRIVE*

(Suite) Apt. #, etc. *PERDIDO KEY DR.*

(Suite) Apt. #, etc.

*C-34-U*

*C-34-U*

City & State

*PENSACOLA FL.*

City & State

*PENSACOLA FLORIDA*

Zip

*32507*

Country

*ESCAMBIA*

Zip

*32507*

Country

*ESCAMBIA*

04192005

Chg-P

CR2E034 (10/03)

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

Signature, typed or printed name of registered agent and (if it applies)

(NOTE: Registered Agent signature required when reinstating)

DATE

*04-21-2005*

**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  
D  
DYAL, RAYMOND O  
DYAL ROAD, RT 15 BOX 1210  
LAKE CITY, FL 32024 ☐ Delete *SECRETARY*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
NEWMAN, JOHN D  
1185 WARDS PLACE  
JACKSONVILLE, FL 32259 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LITTLE, DONALD E  
RT 9 BOX 788-1  
LAKE CITY, FL 32024 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*DEBORAH G. DYAL* ☒ Change ☐ Addition  
*PRESIDENT*  
*13555 PERDIDO KEY DRIVE C-34-U*  
*PENSACOLA, FL 32507*

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

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

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CITY - ST - ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*04-21-2005*