

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000123758

1. Entity Name
BAR-B-Q CABOOSE INC.



Principal Place of Business
**2206 RAY ROAD
VALRICO, FL 33594**

Mailing Address
**2206 RAY ROAD
VALRICO, FL 33594**



01222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0123917

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TINDALL, STAN
2206 RAY ROAD
VALRICO, FL 33594**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000203565
01/29/05-80035-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	TINDALL, STAN
STREET ADDRESS	2206 RAY ROAD
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VST
NAME	TINDALL, PAT
STREET ADDRESS	2206 RAY ROAD
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

PAT TINDALL Pat Tindall

1/22/05 685-9548