


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90184 013 ***158.75

DOCUMENT # P04000042974 1. Entity Name DEEP DOWN SOUTH BARBECUE, INC.			
Principal Place of Business 301 KAMAL PARKWAY CAPE CORAL, FL 33904		Mailing Address 301 KAMAL PARKWAY CAPE CORAL, FL 33904	
2. Principal Place of Business 301 Kamal Pkwy Suite, Apt. #, etc.		3. Mailing Address 301 Kamal Pkwy Suite, Apt. #, etc.	
City & State Cape Coral FL Zip 33904 Country Lee		City & State Cape Coral FL Zip 33904 Country US	
4. FEI Number 65-1221465		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, PATRICIA 301 KAMAL PARKWAY CAPE CORAL, FL 33904		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 <u><i>Albert Houston Jr.</i></u> 5/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, PATRICIA 301 KAMAL PARKWAY CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Patricia White 301 Kamal Pkwy Cape Coral FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB HOUSTON, ALBERT JR. 301 KAMAL PARKWAY CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Earnest L. White Sr. 1066 Colonel Mahan Dr Pineville S.C. 29468 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Albert Houston Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		5/1/05 239-499-0067 <small>Date Daytime Phone #</small>	

00048339



04292005 Chg-P CR2E034 (10/03)