

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000046943

1. Entity Name
Y'ALL COME BACK SALOON, INC.



Principal Place of Business
3230 ST. RD. 60-E
LAKE WALES, FL 33898

Mailing Address
3230 ST. RD. 60-E
LAKE WALES, FL 33898

**FILED
Jan 24, 2007 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0959136	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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 restating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000600803
01/26/07-80024-007 158.75

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME HENDERSON, TIMOTHY E
STREET ADDRESS 3870 HOWARD AVE
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: Tim E Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim E Henderson
Owner

1-16-07 843 676-8780
Date Daytime Phone #

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IN THIS SPACE**