

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90056 032 ***158.75

DOCUMENT # P04000065032

1. Entity Name
SKIP'S BAR B QUE, INC.



Principal Place of Business
104 NE 6TH STREET
OKEECHOBEE, FL 34972

Mailing Address
104 NE 6TH STREET
OKEECHOBEE, FL 34972

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0827525	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRYAN, DENNIS L
1530 NW 25TH DRIVE
OKEECHOBEE, FL 34974

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRYAN, DENNIS L
STREET ADDRESS	1530 NW 25TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972

TITLE	D
NAME	BRYAN, ANITA
STREET ADDRESS	1530 NW 25TH DRIVE
CITY-ST-ZIP	OKEECHOBEE, FL 34972

TITLE	
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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 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:

Dennis Bryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-06

Date

Daytime Phone #