


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-27-2005 90301 007 ***150.00

DOCUMENT # P04000106624

1. Entity Name
TWO SISTERS BBQ, INC.



Principal Place of Business
**204 W. MAIN ST.
 MAYO, FL 32066 US**

Mailing Address
**P. O. BOX 546
 MAYO, FL 32066 US**

66018370



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082005 Chg-P CR2E034 (10/03)

4. FEI Number
26-0091524

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**POWERS, LAURETTE
 14023 189TH ROAD
 LIVE OAK, FL 32060**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	JOHNSON, LARONNA	
STREET ADDRESS	P.O. BOX 597	
CITY-ST-ZIP	DAY, FL 32013	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POWERS, LAURETTE	
STREET ADDRESS	14023 189TH ROAD	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	S	<input type="checkbox"/> Delete
NAME	POWERS, LAURETTE	
STREET ADDRESS	14023 189TH ROAD	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, LARONNA	
STREET ADDRESS	P.O. BOX 597	
CITY-ST-ZIP	DAY, FL 32013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Laurette Powers Date: 4-26-05 Daytime Phone #: 386-294-3643