


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000106624

1. Entity Name
 TWO SISTERS BBQ, INC.



Principal Place of Business Mailing Address

204 W. MAIN ST. P. O. BOX 546
 MAYO, FL 32066 US MAYO, FL 32066 US

DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 26-0091524 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

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

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

000000562830
 05/19/06-80071-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, LARONNA
STREET ADDRESS	P.O. BOX 597
CITY-ST-ZIP	DAY, FL 32013
TITLE	VP
NAME	POWERS, LAURETTE
STREET ADDRESS	14023 189TH ROAD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	S
NAME	POWERS, LAURETTE
STREET ADDRESS	14023 189TH ROAD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	T
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STREET ADDRESS	P.O. BOX 597
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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 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: Laurette Powers Laurette Powers 4-18-06 386-294-3643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #