2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

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

01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 2007 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
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
NAME	JOHNSON, LARONNA
STREET ADDRESS	P.O. BOX 597
CITY-ST-ZIP	DAY, FL 32013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/02/07-80035-025 150.00

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 01-07-07 386-294-3643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #