

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106624

Entity Name: TWO SISTERS BBQ, INC.

FILED
Apr 18, 2009
Secretary of State

Current Principal Place of Business:

204 W. MAIN ST.
MAYO, FL 32066 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 546
MAYO, FL 32066 US

New Mailing Address:

FEI Number: 26-0091524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOHNSON, LARONNA J
151 NW LIBERTY ST
MAYO, FL 32066 US

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.

SIGNATURE: LARONNA J. JOHNSON

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, LARONNA
Address: P.O. BOX 597
City-St-Zip: DAY, FL 32013 US

Title: VP () Delete
Name: POWERS, LAURETTE
Address: 14023 189TH ROAD
City-St-Zip: LIVE OAK, FL 32060 US

Title: S () Delete
Name: POWERS, LAURETTE
Address: 14023 189TH ROAD
City-St-Zip: LIVE OAK, FL 32060 US

Title: T () Delete
Name: JOHNSON, LARONNA
Address: P.O. BOX 597
City-St-Zip: DAY, FL 32013 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, LARONNA J
Address: 151 NW LIBERTY ST
City-St-Zip: MAYO, FL 32066 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JOHNSON, LARONNA
Address: 151 NW LIBERTY ST
City-St-Zip: MAYO, FL 32066 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARONNA J. JOHNSON

P

04/18/2009

Electronic Signature of Signing Officer or Director

Date