

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106624

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: TWO SISTERS BBQ, INC.

## 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