



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1042

|                                    |  |   |
|------------------------------------|--|---|
| DOCUMENT # P04000117454            |  |  |
| 1. Entity Name<br>98 BAR-B-QUE INC |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>5008 HIGHWAY 98 WEST<br>1<br>SANTA ROSA BEACH FL 32459 | Mailing Address<br>PO BOX 4633<br>SANTA ROSA BEACH FL 32459 |
|---|---|

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

FILED  
05 NOV 23 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FL  


2nd MOORE CR2E034 (5/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>20-1480779   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                           |                               |
| 6. Name and Address of Current Registered Agent<br>SMITH, WILLIAM G<br>5008 HIGHWAY 98 WEST<br>1<br>SANTA ROSA BEACH FL 32459 |                               |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |                               |

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 WILLIAM G. SMITH (NOTE: Registered Agent signature required when reinstating) DATE

|  |  |   |
|--|--|---|
| FILE NOW!!! FEE IS \$550.00<br>DUE BY September 7, 2005<br>Make Check Payable to Florida Department of State | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|---|

| 10. OFFICERS AND DIRECTORS                        |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|---|---|--|
| TITLE VP<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SMITH, WILLIAM G<br>5008 HIGHWAY 98 WEST SUITE 1<br>SANTA ROSA BEACH FL 32459<br><input type="checkbox"/> Delete | TITLE P<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP      | CHRISTOPHER R SMITH<br>5008 HWY 98 WEST SUITE 1<br>SANTA ROSA BEACH FL 32459<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 200060188632<br>10/03/05--01064--001 **163.75<br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: William G. Smith 850 830 4154  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10-27-05

I WOULD REQUEST THAT THE  
REINSTATEMENT FEE BE WAIVED  
DUE TO THE FOLLOWING

I DID NOT RECIEVE ANNUAL REPORT.  
I RECIEVED A NOTICE OF DISSOLUTION.  
I CALLED TO HAVE THE ANNUAL REPORT  
MAILED TO ME.  
I SENT THE REPORT BACK AS SOON  
AS I RECIEVED IT.

I AM A SMALL BUSINESS AND THIS  
LARGE REINSTATEMENT FEE IS  
VERY HARD TO ABSORB.

THANK YOU  
W. Smith  
WILLIAM SMITH  
850 830 4154