


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**5. Jun 18, 2008 8:00 am
Secretary of State**


05-22-2008 90014 046 ***158.75

DOCUMENT # P04000162570 1. Entity Name ARCHIE'S CATERING SMOKEHOUSE, INC.	
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Principal Place of Business 6130 CHESTNUT RD. MOLINO, FL 32577	Mailing Address 6130 CHESTNUT RD. P.O. Box 126 MOLINO, FL 32577 milner GA 30257
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DO NOT WRITE IN THIS SPACE

66014372



05192008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1907625	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, DEWAYNE
6130 Chestnut Rd
Molino, FL 32577

**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, DEWAYNE 6130 CHESTNUT RD. MOLINO, FL 32577
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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: Dewayne Williams - Dewayne Williams **5-19-08** **770-468-3404**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone