

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 8:00 am
Secretary of State

06-17-2005 90001 019 ***150.00

DOCUMENT # P04000166033 1. Entity Name BAR-B-QUE KING, INC.					
Principal Place of Business 2132 MAIN ST. TAMPA, FL 33607			Mailing Address 2132 MAIN ST. TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1407 Tiller Way Valrico, Florida City & State Valrico, Florida Zip 33594 Country Hillsboro			
4. FEI Number 20-2022350		Applied For Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CANDIS, JUDITH G 2132 MAIN ST. TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1407 Tiller Way City Valrico, FL Zip Code 33594		
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 renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HENRY, VIRGIL J 1407 TILLER WAY VALRICO, FL 33594	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CANDIS, JUDITH G 1407 TILLER WAY VALRICO, FL 33594	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 title empowered.					
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5/30/05		City/Phone # (813) 655-9521	

ATTACHMENT

66024767
PD4-000166033

7/11/05

I am writing to request
that the \$400 late fee be
waived due to the fact
I had no prior information.

This is on 1st Annual Report

And the form said Fill Now
Due by Sept. 7, 2005

I mailed my \$150⁰⁰ payment
on 5/30/05.

Thank you!
Judee Lamb
