


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90023 010 ***550.00

DOCUMENT # P05000058226 1. Entity Name SKINS & BUBBA'S BBQ, INC.			
Principal Place of Business 2643 LEVY STREET COTTONDALE, FL 32431		Mailing Address 2643 LEVY STREET COTTONDALE, FL 32431	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip _____ Country _____		3. Mailing Address 2399 Finch Cir Suite, Apt. #, etc. City & State Chipley Fl. Zip 32428 Country USA	
6. Name and Address of Current Registered Agent MARCOGUISEPPE, RICHARD M 2399 FINCH CIRCLE CHIPLEY, FL 32428		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCOGUISEPPE, RICHARD M 2399 FINCH CIRCLE CHIPLEY, FL 32428	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X _____ SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 8 30 04 Daytime Phone # 850 638 4227	

60038341



07092006 Chg-P CR2E034 (11/05)

4. FEI Number **34-2047367** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**