

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062008

Entity Name: FAT MAN'S BAR-B-QUE, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

5299 E. BUSCH BLVD.
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16768
TEMPLE TERRACE, FL 33687

New Mailing Address:

FEI Number: 20-2756345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUPTON, RALPH JAY JR.
5299 E. BUSCH BLVD.
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LUPTON, RALPH JAY JR.
Address: 5299 E. BUSCH BLVD.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PD () Delete
Name: LUPTON, RALPH JAY III
Address: 5299 E. BUSCH BLVD.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD () Delete
Name: LUPTON, JEFFREY WAYNE
Address: 5299 E. BUSCH BLVD.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: STD () Delete
Name: LUPTON, NANCY ANN
Address: 5299 E. BUSCH BLVD.
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NANCY ANN LUPTON

STD

04/21/2009

Electronic Signature of Signing Officer or Director

Date