

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000074860

1. Entity Name

WOODY'S BAR-B-Q OF BAYMEADOWS, INC.



Principal Place of Business

8206-25 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256

Mailing Address

4745 SUTTON PARK COURT  
SUITE 301  
JACKSONVILLE, FL 32224



04122007

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-3035476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MILLS, JAMES W JR  
4745 SUTTON PARK COURT  
SUITE 301  
JACKSONVILLE, FL 32224

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PD MILLS, JAMES W
STREET ADDRESS	101 CANNON COURT
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE NAME	STD MILLS, YOLANDA
STREET ADDRESS	100 KINGFISHER DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/14/07-80045-024-150:00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Mills

4-25-07

904-992-0556