

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000074875

1. Entity Name  
DURBIN BAR-B-Q, INC.



Principal Place of Business  
4745 SUTTON PARK COURT STE 301  
JACKCONVILLE, FL 32224

Mailing Address

4745 SUTTON PARK COURT STE 301  
JACKCONVILLE, FL 32224

2. Principal Place of Business  
*14975 St. Augustine Rd.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Jacksonville, FL*

City & State

Zip  
*32257*      Country  
*USA*

Zip

Country

6. Name and Address of Current Registered Agent

RAX CO  
50 NORTHH LAURA STREET STE 3300  
JACKSONVILLE, FL 32202

Name  
*Mills, James W. Jr.*

Street Address (P.O. Box Number is Not Acceptable)

*4745 Sutton Park Court  
Suite 301*

City  
*Jacksonville*      FL      Zip Code  
*32202*

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  
*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

*4/24/06*

DATE

FILE NOW! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$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	<i>President</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President, Director Mills, James W. Jr. 101 Cannon Ct. Ponte Vedra Beach, FL 32082</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice Pres., Secretary, Tras. Mills, Yolanda H. 100 Kingfisher Dr. Ponte Vedra Beach, FL 32082</i> <input type="checkbox"/> Change <input checked="" 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
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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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

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:

*Harry M. Garrett, CFO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Harry M. Garrett*

*4/24/06 904-992-0558*

Date

Daytime Phone #