

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90204 041 ***150.00

DOCUMENT # P05000074875

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



Principal Place of Business Mailing Address
4745 SUTTON PARK COURT STE 301 JACKSONVILLE, FL 32224

2. Principal Place of Business **14975 St. Augustine Road** 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Jacksonville, FL** City & State

Zip **32257** Country **USA** Zip Country

04212006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3035378** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**RAX CO
50 NORTH H LAURA STREET STE 3300
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

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 **32082**

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

4/24/06

**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

TITLE **President** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President, Director** ☐ Change ☒ Addition
NAME **Mills, James W. Jr.**
STREET ADDRESS **101 Cannon Ct.**
CITY - ST - ZIP **Ponte Vedra Beach, FL 32082**

TITLE **Vice Pres., Secretary, Treas., Director** ☐ Change ☒ Addition
NAME **Mills, Yolanda H.**
STREET ADDRESS **100 Kingfisher Dr.**
CITY - ST - ZIP **Ponte Vedra Beach, FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry M. Garrett

4/24/06

Date

904-992-0556

Daytime Phone #