

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000095780

1. Entity Name
OAK FIRE BBQ, INC.



Principal Place of Business
11968 N. FLORIDA AVE
TAMPA, FL 33612

Mailing Address
P.O. BOX 17715
TAMPA, FL 33682-7715

FILED

2007 APR 25 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

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

TOMASKO, JAMIE
11968 N. FLORIDA AVE
TAMPA, FL 33612

**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

JAMIE TOMASKO

4/4/07

[Handwritten signature]

**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
STREET ADDRESS
CITY - ST - ZIP
D
TOMASKO, JAMIE
10931 N. DALE MABRY HWY
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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500099067315
04/27/07--01005--004 **1895.00

**DO NOT WRITE
IN THIS SPACE**

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

JAMIE TOMASKO

Date

4/4/07 813-961-8715

Daytime Phone #