2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State
04-23-2007 90052 025 ***158.75

DOCUMENT # P06000021776

1. Entity Name
TORI'S BAR-B-Q, INC.

Principal Place of Business	Mailing Address
3700 NW 91ST STREET 400E GAINESVILLE, FL 32606	17460 NE 37TH COURT CITRA, FL 32113

01212007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3700 NW 91st Street	17460 NE 37th Ct.
Suite, Apt. #, etc.: 400E	Suite, Apt. #, etc.:
City & State: Gainesville Fl	City & State: Citra Fl
Zip: 32606 Country: Alachua	Zip: 32113 Country: Marion

4. FEI Number: 41-2196693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWTON, KIMBERLY A
23155 NE HWY 314
FORT MCCOY, FL 32134

7. Name and Address of New Registered Agent

Name: Victoria L Gallant
Street Address (P.O. Box Number is Not Acceptable): 17460 NE 37th Ct.
City: Citra FL Zip Code: 32113

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: Victoria L Gallant [signature] 4/18/07
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEWTON, KIMBERLY A 23155 NE HWY 314 FT. MCCOY, FL 32134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Victoria L Gallant 17460 NE 37th Ct. Citra Fl 32113	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GALLANT, MARK C 17460 NE 37TH COURT CITRA, FL 32113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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] Victoria L Gallant 4/18/07 352-817-2957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #