



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90011 044 \*\*\*150.00

<b>DOCUMENT # P06000086989</b> 1. Entity Name <b>LAKE PLACID BAR-B-Q, INC.</b>					
Principal Place of Business <b>4745 SUTTON PARK COURT SUITE 301 JACKSONVILLE, FL 32224</b>			Mailing Address <b>4745 SUTTON PARK COURT SUITE 301 JACKSONVILLE, FL 32224</b>		
2. Principal Place of Business - No P.O. Box # <b>413 U.S. 27 North</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>413 U.S. 27 North</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Lake Placid, FL</b>		City & State <b>Lake Placid, FL</b>		4. FEI Number <b>20-5116561</b>	
Zip <b>33852</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RAX CO 50 NORTH LAURA ST SUITE 3300 JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name <b>Debra Lynn Snyder</b> Street Address (P.O. Box Number is Not Acceptable) <b>413 U.S. 27 North</b>  City <b>Lake Placid</b> <b>FL</b> Zip Code <b>33852</b>	
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 <u><i>Debra Lynn Snyder</i></u> DATE <u>1-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>PD Debra Lynn Snyder 3316 Elaine Drive Lorida, FL 33857</b>		
			<b>VPSD Cher A. Hedges 6701 N. River Boulevard Tampa, FL 33604</b>		
			<b>T Thomas Drudy 320 West Fletcher Avenue Tampa, FL 33612</b>		
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: <u><i>Debra Lynn Snyder</i></u> <b>Debra Lynn Snyder, President</b> <b>863-699-1183</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					