2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P07000025666

Entity Name: HOG HEAVEN BAR-B-Q, INC.

Current Principal Place of Business:

3710 SW 14TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

3710 SW 14TH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 64-0950662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBBS, DUANE
3710 SW 14TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GIBBS, DUANE T	
Address:	3710 SW 14TH PLACE	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	VP	( ) Delete
Name:	AUGUSTINSEN, GARY	
Address:	615 SW 24TH STREET	
City-St-Zip:	CAPE CORAL, FL 33991	
Title:	TR	( ) Delete
Name:	GIBBS, BRANDY	
Address:	3710 SW 14TH PLACE	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	SEC	( ) Delete
Name:	AUGUSTINSEN, POK SUN	
Address:	615 SW 24TH STREET	
City-St-Zip:	CAPE CORAL, FL 33991	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE GIBBS P 04/17/2008

Electronic Signature of Signing Officer or Director — Date