

2008 FOR PROFIT CORPORATION ANNUAL REPORT

06-10-2008 90002009 ***150.00
P07000120773

FILED

08 OCT 28 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66015194

DOCUMENT # P07000120773			
1. Entity Name DJ'S BAR BQ & DELI, INC.			
Principal Place of Business 124 JACOB DRIVE CRESTVIEW, FL 32536		Mailing Address 124 JACOB DRIVE CRESTVIEW, FL 32536	
2. Principal Place of Business - No P.O. Box # 741 ASHLEY DRIVE Suite, Apt. #, etc. SUITE 741		3. Mailing Address 124 JACOB DRIVE Suite, Apt. #, etc.	
City & State CRESTVIEW, FL		City & State CRESTVIEW, FL	
Zip 32536	Country U.S.	Zip 32536	Country U.S.
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLAUSMAN, DANIEL E. 124 JACOB DRIVE CRESTVIEW, FL 32536		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Daniel E. Clausman</u> DANIEL CLAUDMAN PRESIDENT <u>6/2/08</u> Signature of officer or director of corporation, and also if applicable, Registered Agent signature required, which constitutes date.			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Finance Trust Fund Contribution. <u>NO</u> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP VICE PRESIDENT DANIEL E. CLAUDMAN 124 JACOB DRIVE CRESTVIEW, FL 32536	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP Daniel E. Clausman 124 Jacob Dr. Crestview, FL 32536	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP SECRETARY KELLY L. CLAUDMAN 124 JACOB DRIVE CRESTVIEW, FL 32536	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 which I am empowered.			
SIGNATURE: <u>Daniel E. Clausman</u> DANIEL CLAUDMAN <u>6/2/08</u> (850)-259-1764 SIGNATURE AND TYPED OR PRINTED NAME OF SHARED OFFICER OR DIRECTOR		REINSTATEMENT	

* Per conversation w/ Kelly, Request to return of
7/18/08 not received. Request waiver of fee.
Jh 10/28/08