2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044907

SIMON, THOMAS

ORLANDO, FL 32821

6851 WEISER STREET APT 111

Name:

Address:

City-St-Zip:

Entity Name: DAAVE'S BARBECUE AND CATERING, INC.

FILED May 01, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
	I LUTHER KING ADE, FL 3384	G, JR., STREET 1			
Current N	lailing Addres	ss:	New Mailing Addre	New Mailing Address:	
5 MARTIN LUTHER KING, JR., STREET FORT MEADE, FL 33841				7909 SAINT ANDREWS CIRCLE ORLANDO, FL 32835	
FEI Number	: 90-0348763	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
ORLANDO The above	IT ANDREWS D, FL 3283581 e named entity:	97 US	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATUI	e of Florida. □⊏·				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DAVIS, EARNE	IDREWS CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DAVIS, BEVER	IDREWS CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DAVIS, LLOYD 1125 FAIRVIEV BARTOW, FL :	V AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: EARNEST L. DAVIS OWN 05/01/2009