


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90242 024 \*\*\*150.00

**DOCUMENT # P93000039034**

1. Entity Name  
**M & E BBQ, INC**



Principal Place of Business  
**138 E STATE RD 40**  
**BARBERVILLE, FL 32105 US**

Mailing Address  
**PO BOX 74**  
**PIERSON, FL 32180 US**



2. Principal Place of Business - No P.O. Box #  
**402 N. Center St.**

3. Mailing Address  
**P.O. Box 74**

Suite, Apt. #, etc.

City & State  
**Pierson, FL**

City & State  
**Pierson, FL**

Zip  
**32180** Country  
**USA**

Zip  
**32180** Country  
**USA**

01032007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3181434**

Applied For  
 Not Applicable

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

| 8. Name and Address of Current Registered Agent                                  |  | 7. Name and Address of New Registered Agent  |  |
|--|--|--|--|
| <b>DUBBERLY, MARK</b><br><b>410 W WASHINGTON AVE</b><br><b>PIERSON, FL 32180</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ DATE 1/5/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DUBBERLY, MARK</b><br><b>410 W WASHINGTON AVE</b><br><b>PIERSON, FL 32180</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BRADDOCK, EDDIE</b><br><b>PO BOX 181</b><br><b>DE LEON SPRINGS, FL 32130</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>BK</b><br><b>DUBBERLY, LISA</b><br><b>PO BOX 74</b><br><b>PIERSON, FL 32180</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: W. Mark Dubberly DATE: 1/5/07 DAYTIME PHONE #: 386-749-4650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR