2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR)					FILED
DOCUMENT # P95000092793			Á		Feb 05, 2005 08:00 AM
BAR-B-Q BILLS, INC.					Secretary of State
Principal Place of Business Mailing Address					-
1901 N. YOUNG BOULEVARD 1901 N. Y		1901 N. YOUNG BO CHIEFLAND FL 326	DULEVARD 26		
					1 (MANUEEN IN SEIN ANN ABNIN ABNIN ABNIN ABNIN SESTA TURK SESTA TORRE SINTERS IN TABL
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt #, etc.			1st MOORE CR2E034 (10/04)
City & State		City & State			4. FEI Number 59-3355160 Applied For Not Applicable
Zıp	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			No	ıme	7. Name and Address of New Registered Agent
HOLMES, WILLIAM J JR					
1901 N. YOUNG BOULEVARD CHIEFLAND FL 32626			Str	eet Address (P.O. Box Number is Not Acceptable) .
			Cit	у	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 Signature, typed or printed pame of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150,00					
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PT HOLMES, WILLIAM J JR	☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS	1		STREET ADD	RESS	
CITY+ST+ZIP	CHIEFLAND FL 32644		CITY-ST-7IF	P	
THE	VPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADORESS	HOLMES, GLORIA R PO BOX 370 N/A		NAME STREET ADD	RESS	
CITY-ST-ZIP	CHIEFLAND FL 32644		CITY-ST-Ziff	I	
TITLE		☐ Delete	TULE		☐ Change ☐ Addition
NAME			NAME		
STREET ADORESS CITY+ST-ZIP			STREET ADDI CITY-ST-ZIP		
TITLE		Delete	TOTALE		☐ Change ☐ Addition
NAME		<u> </u>	NAME		
STREET ADDRESS			STREET ADDI		
CITY-ST-ZIP			CHTA-21-31b	<u> </u>	
TITLE NAME		☐ Delete	THTEE NAME		U00000215944
STREET ADDRESS	. –		STREET ADDI	RESS	02/05/05-80028-024 150 .0 0
CITY-ST-ZIP			CHTY+ST-ZIP	,	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	proc.	
STREET ADDRESS City-St-7ip			STREET ADOF	l l	
12. I hereby d	certify that the information supplied wit	th this filing does not qualify	for the exemption	n stated in Ser	ction 119,07(3)(i), 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.					

OFFICER OR DIRECTOR