

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000005045
 1. Entity Name
 B & T'S COUNTRY LUNCHBOX, INC.



Principal Place of Business Mailing Address
 898 N. FEDERAL HIGHWAY 898 N. FEDERAL HIGHWAY
 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 US

DO NOT WRITE IN THIS SPACE



06152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0632558 Not Applicable

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

6. Name and Address of Current Registered Agent

KOVARS, CINDALEAN
 1561 SE 24 TERRACE
 POMPANO BEACH, FL 33062

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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: *Cindalean Kovars* DATE: *7/14/05*

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

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	HUDSON, BRENDA
STREET ADDRESS	1121 NE 24 AVE #3
CITY - ST - ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000312574
07/13/05-800006-011 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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.

SIGNATURE: *Brenda Hudson* *Brenda Hudson, Pres.* DATE: *7/14/05* DAYTIME PHONE #: *954-7855301*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #