


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90001 008 \*\*\*558.75

<b>DOCUMENT # P96000066790</b> 1. Entity Name <b>BUBBA'S BAR-B-Q OVEN, INC.</b>					
Principal Place of Business <b>108 N KERR AVE G-1 WILMINGTON, NC 28405 US</b>			Mailing Address <b>PO BOX 12008 WILMINGTON, NC 28405 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>311 11-B Judges Rd.</b>		3. Mailing Address Suite, Apt. #, etc. 			
City & State <b>Wilmington, NC</b>		City & State 		4. FEI Number <b>56-1996566</b>	
Zip <b>28405</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HARMON, TRACY R 200-A JOHN KNOX ROAD TALLAHASSEE, FL 32303-6643</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINSTEAD, ROBERT O <input type="checkbox"/> Delete 3518 KIRBY SMITH DRIVE WILMINGTON, NC 28409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINSTEAD, BRIAN M <input type="checkbox"/> Delete 3518 KIRBY SMITH DRIVE WILMINGTON, NC 28409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # <b>910-397-9350</b>		

40123043



07032007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

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

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.

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

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Date \_\_\_\_\_ Daytime Phone # **910-397-9350**