
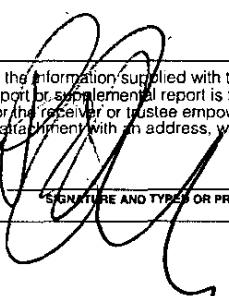


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90411 043 \*\*\*150.00

<b>DOCUMENT # P96000095083</b>					
<b>1. Entity Name</b> C.B.Q., INC.					
<b>Principal Place of Business</b> 8301 DELAND AVE FT PIERCE, FL 34951 US			<b>Mailing Address</b> 8301 DELAND AVE FT PIERCE, FL 34951 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0709146	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
QUIGLEY, BRIAN C 8301 DELAND AVE FORT PIERCE, FL 34951			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8.</b> 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.					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> VP <b>NAME</b> QUIGLEY, BRIAN C <b>STREET ADDRESS</b> 8301 DELAND AVE <b>CITY-ST-ZIP</b> FORT PIERCE, FL 34951	<input type="checkbox"/> Delete		<b>TITLE</b> D/P/STT <b>NAME</b> Quigley, Brian C <b>STREET ADDRESS</b> 8301 Deland Ave <b>CITY-ST-ZIP</b> Fort Pierce, FL 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 1VP <b>NAME</b> GALLO, GREGORY <b>STREET ADDRESS</b> 8301 DELAND AVENUE <b>CITY-ST-ZIP</b> FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D/VP <b>NAME</b> Quigley, Stephanie <b>STREET ADDRESS</b> 8301 Deland Ave <b>CITY-ST-ZIP</b> Fort Pierce, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12.</b> 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.					
<b>SIGNATURE:</b> 			Brian Quigley Pres 3/31/04 575-5990		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

94080008



03292004 Chg-P CR2E034 (10/03)

FL

Zip Code

(772)