2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000095083

1. Entity Name
C.B.Q., INC.

Principal Place of Business	Mailing Address
8301 DELAND AVE	8301 DELAND AVE
FT PIERCE, FL 34951 US	FT PIERCE, FL 34951 US

DO NOT WRITE IN THIS SPACE

04122005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0709146		Not Applicable

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

6. Name and Address of Current Registered Agent

QUIGLEY, BRIAN C
8301 DELAND AVE
FORT PIERCE, FL 34951

DO NOT WRITE IN THIS SPACE

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 name of registered agent and title 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

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	QUIGLEY, BRIAN C
STREET ADDRESS	8301 DELAND AVE
CITY-ST-ZIP	FORT PIERCE, FL 34951

TITLE	DVP
NAME	QUIGLEY, STEPHANIE
STREET ADDRESS	8301 DELAND AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34951

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 _Brian Quigley_ Pres 4/12/05 (772) 489-0981

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