


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

|                                   |   |
|-----------------------------------|---|
| DOCUMENT # P97000031848           |  |
| 1. Entity Name<br>SPARE RIB, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>3783 HARTSFIELD ROAD<br>TALLAHASSEE, FL 32303 US | Mailing Address<br>3783 HARTSFIELD RD<br>TALLAHASSEE, FL 32303 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02032005 No Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3448621                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|  |
|--|
| 5. Name and Address of Current Registered Agent<br><br>SMITH, BRYAN<br>3783 HARTSFIELD RD<br>TALLAHASSEE, FL 32303 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>SMITH, BRYAN<br>3783 HARTSFIELD RD<br>TALLAHASSEE, FL 32303    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>SMITH, HAROLD A<br>3783 HARTEFIELD RD<br>TALLAHASSEE, FL 32303 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:  Bryan K. Smith | Date: 2-4-05 | Daytime Phone #: 850 575 9997 |
|---|--------------|-------------------------------|