


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P97000031848	
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<b>1. Entity Name</b> SPARE RIB, INC.	<b>Principal Place of Business</b> 3783 HARTSFIELD ROAD TALLAHASSEE, FL 32303 US	<b>Mailing Address</b> 3783 HARTSFIELD RD TALLAHASSEE, FL 32303 US
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

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

**6. Name and Address of Current Registered Agent**

SMITH, BRYAN  
3783 HARTSFIELD RD  
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	SMITH, BRYAN
<b>STREET ADDRESS</b>	3783 HARTSFIELD RD
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL 32303
<b>TITLE</b>	DV
<b>NAME</b>	SMITH, HAROLD A
<b>STREET ADDRESS</b>	3783 HARTEFIELD RD
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL 32303
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE

UD00000832277  
02/27/08-00052-014 150.00

**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.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR