

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90033 034 ***150.00

DOCUMENT # P98000028764
 1. Entity Name
 GOODMAN'S BAR-B-QUE OF PERRY, INC.



Principal Place of Business
 2429 S. BYRON BUTLER PKWY
 PERRY FL 32347

Mailing Address
 2429 S. BYRON BUTLER PKWY
 PERRY FL 32347

20012017



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 59-3511417 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 GOODMAN, FLOYD E
 2429 S. BYRON BUTLER PKWY
 PERRY FL 32347

7. Name and Address of New Registered Agent
 Name: SANDY GAIL CHESTER
 Street Address (P.O. Box Number is Not Acceptable): 2429 S. Byron Butler Pkwy
 City: Perry FL Zip Code: 32348

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: *Sandy Gail Chester* DATE: 2/14/05

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, FLOYD E	
STREET ADDRESS	2429 S. BYRON BUTLER PKWY	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, THELMA A	
STREET ADDRESS	2429 S. BYRON BUTLER PKWY	
CITY-ST-ZIP	PERRY FL 32347	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDY GAIL CHESTER	
STREET ADDRESS	2429 S. Byron Butler Pkwy	
CITY-ST-ZIP	PERRY, FL 32348	
TITLE	VSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT CHESTER	
STREET ADDRESS	2429 S. Byron Butler Pkwy	
CITY-ST-ZIP	PERRY, FL 32348	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Sandy Gail Chester, President* DATE: 2/14/05 DAYTIME PHONE: 850-584-3251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR