

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90092 005 ***150.00

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1. Entity Name
MR. & MRS. BBQ, INC.



Principal Place of Business
**1171 HOMESTEAD RD N
LEHIGH ACRES, FL 33936 US**

Mailing Address
**1171 HOMESTEAD RD N
LEHIGH ACRES, FL 33936 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0873831

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMPSTER & MALDONADO
1460 LEE BLVD
LEHIGH ACRES, FL 33936**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BENDER, GREGG
1007 ALLMAN AVE
LEHIGH ACRES, FL 33971** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2303 HAWALASKA ST.
LEHIGH ACRES, FL 33971** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BENDER, BARBARA
1007 ALLMAN AVE
LEHIGH ACRES, FL 33971** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2303 HAWALASKA ST.
LEHIGH ACRES, FL 33971** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ORR, COLLEEN
1007 ALLMAN AVE.
LEHIGH ACRES, FL 33971** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2303 HAWALASKA ST.
LEHIGH ACRES, FL 33971** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ORR, ROBERT
1920 SW 32ND ST
CAPE CORAL, FL 33914** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2303 HAWALASKA ST.
LEHIGH ACRES, FL 33971** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Barbara J. Bender **BARBARA J. BENDER**

Date

239-369-6811

Daytime Phone #