2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000004507

1. Entity Name
SMOKEY'S COUNTRY CABIN BBQ, INC.

ZUUI7415

Principal Place of Business	Mailing Address
2216 S MIMOSA AVE MIDDLEBURG, FL 32068	2216 S MIMOSA AVE MIDDLEBURG, FL 32068

2. Principal Place of Business	3. Mailing Address
SAme As Above	4097 Bronco Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03152006   Chg-P   CR2E034 (11/05)

City & State	City & State	4. FEI Number	Applied For
	Middleburg, FL	59-3554081	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
		32068	USA		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOSTON, GAIL 4097 BRONCO RD MIDDLEBURG, FL 32068	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 _Gail Boston_

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, 2006 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	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BOSTON, GAIL		NAME			
STREET ADDRESS	4097 BRONCO AVE		STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _Gail Boston_

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