

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90098 012 ***150.00

DOCUMENT # P99000079024

1. Entity Name
JIGGS BBQ, INC.



Principal Place of Business
10061 FOX TRAIL ROAD SOUTH
WEST PALM BEACH, FL 33411

Mailing Address
6911 VISTA PARKWAY NORTH
WEST PALM BEACH, FL 33411

20020000



2. Principal Place of Business

3. Mailing Address

2731 Vista Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-10

City & State

City & State

West Palm Beach FL

Zip

Country

Zip

Country

33411

01302006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0949931

Applied For

Not Applicable

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

WALKER, MICHAEL B ESQ.
777 BRICKELL AVE.
SUITE 900 SUNTRUST BUILDING
MIAMI, FL 33131

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WILLIAMS, JERRY W
6911 VISTA PARKWAY NORTH
WEST PALM BEACH, FL 33411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2731 Vista Parkway D-10
West Palm Beach FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
WILLIAMS, J. TODD
6911 VISTA PARKWAY NORTH
WEST PALM BEACH, FL 33411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2731 Vista Parkway D-10
West Palm Beach FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

J. Todd Williams J. Todd Williams

4-7-06

561-697-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #