

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S88168

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: CAPE CORAL BAR-B-QUE, INC.

## Current Principal Place of Business:

4836 LEONARD STREET  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

12575 S CLEVELAND AVE  
FORT MYERS, FL 33907 US

## New Mailing Address:

12995 S CLEVELAND AVE  
SUITE 110  
FORT MYERS, FL 33907 US

FEI Number: 65-0293116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAUL D PEDEN  
2122 SECOND ST  
FT. MYERS, FL 33901 US

## Name and Address of New Registered Agent:

PEDEN, PAUL D PD  
2122 SECOND ST  
FT. MYERS, FL 33901 US

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.

SIGNATURE: PAUL D PEDEN

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: PEDEN, CRAIG  
Address: 12575 S CLEVELAND AVE  
City-St-Zip: FORT MYERS, FL 33907

Title: PD ( ) Delete  
Name: PEDEN, PAUL  
Address: 12575 S CLEVELAND AVE  
City-St-Zip: FORT MYERS, FL 33907

Title: V ( ) Delete  
Name: COOK, PETER M  
Address: 12575 S CLEVELAND AVE  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: PEDEN, CRAIG D STD  
Address: 12995 S CLEVELAND AVE  
City-St-Zip: FORT MYERS, FL 33907

Title: PD (X) Change ( ) Addition  
Name: PEDEN, PAUL D PD  
Address: 12575 S CLEVELAND AVE  
City-St-Zip: FORT MYERS, FL 33907

Title: V (X) Change ( ) Addition  
Name: COOK, PETER M V  
Address: 12575 S CLEVELAND AVE  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL D PEDEN

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date