2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90005 023 ***150.00

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1. Entity Name
BBQ INVERNESS, INC.

Principal Place of Business	Mailing Address
750 W MAIN ST INVERNESS, FL 34450	2605 SW 33RD STREET BUILDING 200 OCALA, FL 34472

49UU7528

01272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2605 SW 33rd Street	
Suite, Apt. #, etc. Building 200	Suite, Apt. #, etc.
City & State Ocala, FL	City & State
Zip 34474 Country US	Zip 34474 Country US

4. FEI Number 59-3450563 ☐ 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
KIRKPATRICK, SANDRA K 2020 SW 43RD PLACE OCALA, FL 34474	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 _____ DATE
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, 2004 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	DT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KIRKPATRICK, JOHN W III		NAME		
STREET ADDRESS	5203 NW 49TH LANE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP		
TITLE	AVA	☐ Delete	TITLE	DV	☑ Change ☐ Addition
NAME	DIXON, WESLEY		NAME		
STREET ADDRESS	P O BOX 133 N/A		STREET ADDRESS		
CITY-ST-ZIP	MCINTOSH, FL 32664		CITY-ST-ZIP		
TITLE	DA	☐ Delete	TITLE	DP	☑ Change ☐ Addition
NAME	KIRKPATRICK, SANDRA K		NAME	S. Kaye Kirkpatrick	
STREET ADDRESS	2020 SW 43RD PLACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KIRKPATRICK, KENNETH		NAME		
STREET ADDRESS	PO BOX 2495		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34478		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		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 _____ 1/28/04 352-620-2514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #