


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 12, 2007 08:00 A
Secretary of State**

DOCUMENT # P97000047806	
1. Entity Name BBQ INVERNESS, INC.	

Principal Place of Business 2605 SW 33RD ST. BUILDING 200 OCALA, FL 34474	Mailing Address 2605 SW 33RD STREET BUILDING 200 OCALA, FL 34472
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DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3450563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUGLINO, SANDRA K
P.O. BOX 2495
OCALA, FL 34478

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KIRKPATRICK, JOHN W III 5203 NW 49TH LANE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIXON, WESLEY P O BOX 133 N/A MCINTOSH, FL 32664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUGLINO, S. KAYE P.O. BOX 2495 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KIRKPATRICK, KENNETH PO BOX 2495 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/07-80058-010 150.00

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IN THIS SPACE**

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: Ken Kirkpatrick 4/10/07 352-620-2514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #