## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000047806

PO BOX 2495

OCALA, FL 34478

Address:

City-St-Zip:

FILED Mar 17, 2009 Secretary of State

Entity Name: BBQ INVERNESS, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2605 SW 3 BUILDING OCALA, FI	200				
Current Mailing Address:			New Mailing Address:		
2605 SW 3 BUILDING OCALA, FI					
FEI Number:	59-3450563	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
BUGLINO, SANDRA K 2605 SW 33RD STREET 200 OCALA, FL 34471 US			2605 SW 33RD STRE 200	KIRKPATRICK, SANDRA K 2605 SW 33RD STREET 200 OCALA, FL 34471 US	
	named entity s of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: S KAYE KIRKPATRICK				03/17/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DT ( ) KIRKPATRICK, 5203 NW 49TH GAINESVILLE,	LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV () DIXON, WESLE P O BOX 133 N MCINTOSH, FL	I/A	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DP ( ) BUGLINO, S. K P.O. BOX 2495 OCALA, FL 34		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DS () KIRKPATRICK,	Delete KENNETH	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: S KAYE KIRKPATRICK 03/17/2009 RΑ