2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P94000028595

1. Entity Name
BBQ BELLEVIEW, INC.

Principal Place of Business	Mailing Address
2605 SW 33RD STREET, BUILDING 200 OCALA, FL 34474 US	2605 SW 33RD STREET, BUILDING 200 OCALA, FL 34474 US

03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3241958
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUGLINO, S. KAYE
P.O. BOX 2495
OCALA, FL 34478

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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, 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	D
NAME	KIRKPATRICK, JOHN W III
STREET ADDRESS	5203 NW 49TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	P
NAME	BUGLINO, S. KAYE
STREET ADDRESS	P.O. BOX 2495
CITY-ST-ZIP	OCALA, FL 34478
TITLE	V
NAME	DIXON, WESLEY
STREET ADDRESS	P.O. BOX 133
CITY-ST-ZIP	MCINTOSH, FL 32664
TITLE	T
NAME	KIRKPATRICK, KENNETH B
STREET ADDRESS	307 SW 21ST TERRACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/07-80054-005 150.00

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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 #