


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 606844 1. Entity Name KENTUCKY FRIED CHICKEN OF BELLE GLADE, INC.	
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Principal Place of Business 1403 W AVE A BELLE GLADE, FL 33430	Mailing Address 1403 W AVE A BELLE GLADE, FL 33430
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04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1965616	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent HOOKS, RUDOLPH SR 1403 W AVE A 1500 W. CANAL ST. S. BELLE GLADE, FL 33430

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOKS, RUDOLPH SR 1500W CANAL ST S BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTON, LISA A 533 1/2 S.E. AVENUE E. BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARTON, LISA A 533 1/2 S.E. AVENUE E. BELLE GLADE, FL
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**DO NOT WRITE
IN THIS SPACE**

U00000350701
05/02/05-80116-006 150.00

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: Lisa Barton Lisa Barton 4-27-05 561-996-7491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #