

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**  
**Jun 10, 2004 8:00 A**  
**Secretary of State**

|                                                                          |                                                                                   |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # G25570</b><br>1. Entity Name<br>BAR-B-QUE MANAGEMENT, INC. |  |
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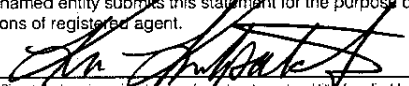
|                                                                           |                                                               |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br>5203 NW 49TH LANE<br>GAINESVILLE, FL 32653 | Mailing Address<br>5203 NW 49TH LANE<br>GAINESVILLE, FL 32653 |
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| 2. Principal Place of Business<br>2605 SW 33 <sup>rd</sup> St. Bldg 200<br>Suite, Apt. #, etc. | 3. Mailing Address<br>P.O. Box 2495<br>Suite, Apt. #, etc. |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------|

|                           |                           |
|---------------------------|---------------------------|
| City & State<br>Ocala, FL | City & State<br>Ocala, FL |
| Zip<br>34474              | Country<br>Marion         |
| Zip<br>34478              | Country<br>Marion         |

|                                                                                                                              |                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>KIRKPATRICK, JOHN W., III<br>5203 NW 49TH AVENUE<br>GAINESVILLE, FL 32653 | 7. Name and Address of New Registered Agent<br>Name: Kenneth B. Kirkpatrick<br>Street Address (P.O. Box Number is Not Acceptable)<br>2605 SW 33 <sup>rd</sup> St Bldg 200<br>City: Ocala FL 34474 |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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:  Kenneth B. Kirkpatrick 5/28/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                       |                                                                                                                 |
|-----------------------|-----------------------------------------------------------------------------------------------------------------|
| Amended AR is \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                             |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>KIRKPATRICK, JOHN W III<br>5203 NW 49TH LANE<br>GAINESVILLE, FL 32653 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>Kenneth B. Kirkpatrick<br>2605 SW 33 <sup>rd</sup> St. Bldg. 200<br>Ocala, FL 34474 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>Wesley E. Dixon, Jr.<br>2605 SW 33 <sup>rd</sup> St. Bldg 200<br>Ocala, FL 34474 <input type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 300037949373<br>06/15/04--01015--003 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |

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:  Kenneth B. Kirkpatrick 5/28/04 (352) 620-2514  
Signature, typed or printed name of signing officer or director Date Daytime Phone # ext. 206

Calvo RD