

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90367 049 ***150.00

DOCUMENT # K65769	
1. Entity Name BGR OF HAILE, INC.	

Principal Place of Business 5300 SW 91ST TERR SUITE B GAINESVILLE FL 32607 US	Mailing Address 5300 SW 91ST TERR SUITE B GAINESVILLE FL 32608 US
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------



2. Principal Place of Business <i>2887 SW 93rd Dr.</i>	3. Mailing Address <i>2887 SW 93rd Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State <i>Gainesville FL</i>	City & State <i>Gainesville FL</i>
Zip <i>32608</i>	Country <i>USA</i>
Zip <i>32608</i>	Country <i>USA</i>

4. FEI Number 59-2955090	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent
ROWE, ROBERT R. 5300 SW 91ST TERR SUITE B GAINESVILLE FL 32608

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) <i>2887 SW 93rd Dr.</i>
City FL Zip Code

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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, ROBERT R. 5300 SW 91ST TERR, SUITE B GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, JAMES H. 4740 SW 103RD WAY GAINESVILLE FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOUNT, CHARLES L. 4438 SW 91ST DRIVE GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2887 SW 93rd Dr.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 exemptions contained in Section 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.

ROBERT R. ROWE

SIGNATURE: *Robert R. Rowe*

4-12-06 *352/335-7846*