


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # K65769 1. Entity Name BGR OF HAILE, INC. |  |
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|---|---|
| Principal Place of Business 2887 SW 93RD AVE GAINESVILLE, FL 32608 US | Mailing Address 2887 SW 93RD AVE GAINESVILLE, FL 32608 US |
|---|---|



04252008 No Chg-P CR2E034 (11/05)

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| | |
|---|---------------------------------------|
| 4. FEI Number 59-2955090 | Applied For 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.
2887 SW 93RD DR
GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROWE, ROBERT R. 2887 SW 93RD DR 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 | |

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05/21/08-80066-023 150.00

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: Robert R Rowe, Pres Robert R Rowe 4-26-08 352/538-4435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #