

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K65769

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: BGR OF HAILE, INC.

## Current Principal Place of Business:

2887 SW 93RD AVE  
GAINESVILLE, FL 32608 US

## New Principal Place of Business:

142 MUIRFIELD DR  
PONTE VEDRA BEACH, FL 32082 US

## Current Mailing Address:

2887 SW 93RD AVE  
GAINESVILLE, FL 32608 US

## New Mailing Address:

FEI Number: 59-2955090      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROWE, ROBERT R.  
2887 SW 93RD DR  
GAINESVILLE, FL 32608 US

## Name and Address of New Registered Agent:

ROWE, ROBERT R.  
142 MUIRFIELD DR  
PONTE VEDRA BEACH, FL 32082 US

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.

SIGNATURE: \_\_\_\_\_

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: ROWE, ROBERT R.  
Address: 2887 SW 93RD DR  
City-St-Zip: GAINESVILLE, FL

Title: D      ( ) Delete  
Name: GREENE, JAMES H.  
Address: 4740 SW 103RD WAY  
City-St-Zip: GAINESVILLE, FL 32608

Title: D      ( ) Delete  
Name: BLOUNT, CHARLES L.  
Address: 4438 SW 91ST DRIVE  
City-St-Zip: GAINESVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: ROWE, ROBERT R.  
Address: 142 MUIRFIELD DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: BLOUNT, CHARLES L.  
Address: 4438 SW 91ST DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R ROWE

D

04/18/2009

Electronic Signature of Signing Officer or Director

Date