



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000073565</b> 1. Entity Name <b>Q MANAGEMENT OF BELLEVIEW, INC.</b>					
Principal Place of Business <b>5239 SE ABSHIER BLVD BELLEVIEW, FL 34420</b>			Mailing Address <b>2605 SW 33RD STREET BLDG 200 OCALA, FL 34474</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KIRKPATRICK, S. KAYE 2020 SW 43RD PLACE OCALA, FL 34474</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	11000000031947 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKPATRICK, JOHN W III		NAME	02/04/04-80169-022 150.00	
STREET ADDRESS	5203 NW 49TH LANE		STREET ADDRESS		
CITY-ST- ZIP	GAINESVILLE, FL 32653		CITY-ST- ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKPATRICK, S. KAYE		NAME		
STREET ADDRESS	2020 SW 43RD PLACE		STREET ADDRESS		
CITY-ST- ZIP	OCALA, FL 34474		CITY-ST- ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKPATRICK, KENNETH B		NAME		
STREET ADDRESS	307 SE 21 TERR		STREET ADDRESS		
CITY-ST- ZIP	OCALA, FL 34471		CITY-ST- ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, WESLEY		NAME		
STREET ADDRESS	PO BOX 133		STREET ADDRESS		
CITY-ST- ZIP	MCINTOSH, FL 32664		CITY-ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST- ZIP			CITY-ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			1/28/04 352-620-2514		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		