


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2008 8:00 am**  
**Secretary of State**

09-12-2008 90001 041 \*\*\*550.00

<b>DOCUMENT # P03000107508</b>	
1. Entity Name <b>BEULAH LAND BARBEQUE, INC.</b>	

Principal Place of Business <b>6020 W. NINE MILE ROAD PENSACOLA, FL 32534</b>	Mailing Address <b>6020 W. NINE MILE ROAD PENSACOLA, FL 32534</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country


40110100



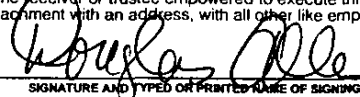
08292008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
<b>DOUGLAS, RONNIE 6020 W 9 MILE RD PENSACOLA, FL 32526</b>	

7. Name and Address of New Registered Agent	
Name <b>Allen, Douglas</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6020 W 9 Mile Rd.</b>	
City <b>Pensacola</b>	FL Zip Code <b>32526</b>

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 	DATE <b>9/3/08</b>
(NOTE: Registered Agent signature required when reappointing)	

<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALLEN, DOULAS</b> <b>6020 W. NINE MILE ROAD</b> <b>PENSACOLA, FL 32534</b> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ALLEN, SHELA</b> <i>misspelled</i> <b>6020 W. NINE MILE ROAD</b> <b>PENSACOLA, FL 32534</b> <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Allen, Sheila</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ALLEN, SHANNON</b> <b>6020 W. NINE MILE ROAD</b> <b>PENSACOLA, FL 32534</b> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <b>9/3/08</b> (850) 941-2933 Daytime Phone #