



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

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| DOCUMENT # P94000028595 | |  |
| 1. Entity Name BBQ BELLEVIEW, INC. | | |
| Principal Place of Business 2605 SW 33RD STREET, BUILDING 200 OCALA, FL 34474 US | Mailing Address 2605 SW 33RD STREET, BUILDING 200 OCALA, FL 34474 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent BUGLINO, S. KAYE P.O. BOX 2495 OCALA, FL 34478 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 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 KIRKPATRICK, JOHN W III 5203 NW 49TH AVE GAINESVILLE, FL 32653 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUGLINO, S. KAYE P.O. BOX 2495 OCALA, FL 34478 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DIXON, WESLEY P.O. BOX 133 MCINTOSH, FL 32664 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KIRKPATRICK, KENNETH B 307 SW 21ST TERRACE OCALA, FL 34471 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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:  Ken Kirkpatrick 4/10/07 352-620-2514 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



03282007 No Chg-P CR2E034 (11/05)

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|---|-------------------------------|
| 4. FEI Number 59-3241958 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

U00000701321
04/20/07-80054-005 150.00

**DO NOT WRITE
IN THIS SPACE**