

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State


01-14-2004 90007 019 ***150.00

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DOCUMENT # P95000091464

1. Entity Name
B & A PROPERTIES, INC.



Principal Place of Business Mailing Address
 6961 MCBRIDE PT 6961 MCBRIDE PT
 TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312

2. Principal Place of Business 3. Mailing Address
1424 Vieux Carre Dr. **1424 Vieux Carre Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee FL **Tallahassee FL**
 Zip Country Zip Country
32308 **USA** **32308** **USA**

01062004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3347982 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PETTIT, ALMENA H
~~6961 MCBRIDE PT~~ **1424 VIEUX CARRE DRIVE**
TALLAHASSEE, FL 32312 **32308**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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: *Almena Pettit* DATE: 1/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETTIT, BROOKS H 6961 MCBRIDE PT TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1424 VIEUX CARRE DRIVE TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PETTIT, ALMENA H 6961 MCBRIDE PT TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1424 VIEUX CARRE DRIVE TALLAHASSEE FL 32308
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Almena Pettit* DATE: 1/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #