

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90016 031 ***150.00

DOCUMENT # P99000104979 1. Entity Name BJL SOURCES INC.					
Principal Place of Business 3139 LIVE OAK ST NAVARRE, FL 32566			Mailing Address 3139 LIVE OAK ST NAVARRE, FL 32566		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3651045 59-3651042	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHOENER, PAMELA 1934 COSTA VERBE CY MARY-ESTHER, FL 32569				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 426 Mary Esther Cutoff City FT WALTER BEACH FL Zip Code 32548	
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 <u><i>Samuel Schuen</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/30/04</u>					
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	P ROLISON, LARRY 3139 LIVE OAK ST NAVARRE, FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rolison Jerry 3139 Live Oak Street Navarre FL 32566	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROLISON, JERRY 3139 LIVE OAK ST NAVARRE, FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Larry Rolison 3139 Live Oak Street Navarre FL 32566	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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: <u><i>Jerry Rolison</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>1/31/04</u> <u>850-936-5263</u> Date Daytime Phone #		