

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000031987

Entity Name: B A/C 24 INC

Current Principal Place of Business:

P O BOX 441196
JACKSONVILLE, FL 32222-1196

Current Mailing Address:

P O BOX 441196
JACKSONVILLE, FL 32222-1196 US

FEI Number: 27-5162478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VO, NGOC B
5813 JAMMES RD
JACKSONVILLE, FL 32244 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name NGUYEN, BA DUNG P
Address P O BOX 441196
City-State-Zip: JACKSONVILLE FL 32222-1196

Title VP
Name VO, NGOC B
Address P O BOX 441196
City-State-Zip: JACKSONVILLE FL 32222-1196

Title OFFICER
Name VO, NGOC B
Address P O BOX 441196
City-State-Zip: JACKSONVILLE FL 32222-1196

Title OFFICER
Name NGUYEN, BA DUNG P
Address P O BOX 441196
City-State-Zip: JACKSONVILLE FL 32222-1196

Title CFO
Name VO, NGOC B
Address P O BOX 441196
City-State-Zip: JACKSONVILLE FL 32222-1196

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NGOC B VO

VP

03/16/2015

Electronic Signature of Signing Officer/Director Detail

Date