

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90039 005 \*\*\*150.00

**DOCUMENT # 165709**  
 1. Entity Name  
**B & F SUPPLY COMPANY, INC.**



Principal Place of Business: **421 LIVE OAK AVENUE, POST OFFICE BOX 667, DAYTONA BEACH FL 32115-0667 US**  
 Mailing Address: **P.O. BOX 667, DAYTONA BEACH FLA 32115 US**

J4010000



MOORE CR2E034 (11/03)

2. Principal Place of Business: **1485 TOLSON ROAD**  
 Suite, Apt. #, etc.

3. Mailing Address: **1485 TOLSON ROAD**  
 Suite, Apt. #, etc.

City & State: **DELAND, FL**  
 Zip: **32720** Country: **USA.**

City & State: **DELAND, FL**  
 Zip: **32720** Country: **U.S.A.**

4. FEI Number: **59-0656257**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**BLANK, AUDREY T.**  
**303 WILLIAMS AVENUE**  
**DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **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: **AUDREY T. BLANK, PRES.**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE: TD	NAME: BRITT, CAROL BLANK	<input type="checkbox"/> Delete
STREET ADDRESS: 421 LIVE OAK AVE.	CITY-ST-ZIP: DAYTONA BEACH FL 32115-0667	
TITLE: PD	NAME: BLANK, AUDREY T.	<input type="checkbox"/> Delete
STREET ADDRESS: 421 LIVE OAK AVENUE	CITY-ST-ZIP: DAYTONA BEACH FL	
TITLE: VSD	NAME: HOUCK, TINA BLANK	<input type="checkbox"/> Delete
STREET ADDRESS: 421 LIVE OAK AVE	CITY-ST-ZIP: DAYTONA BEACH FL	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: TD	NAME: BRITT, CAROL BLANK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1485 TOLSON ROAD	CITY-ST-ZIP: DELAND, FL 32720	
TITLE: PD	NAME: BLANK, AUDREY T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 303 WILLIAMS AVE	CITY-ST-ZIP: DAYTONA BEACH, FL 32118	
TITLE: VSD	NAME: HOUCK, TINA BLANK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3699 CROSSBRANCH ROAD	CITY-ST-ZIP: DELAND, FL 32724	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	

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: **Audrey T. Blank - Audrey T. BLANK** 2/11/04 386-253-2900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #