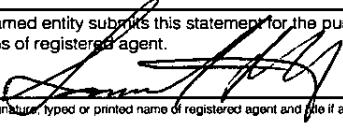


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90016 046 ***150.00

DOCUMENT # 235906 1. Entity Name B & L SERVICE, INC.					
Principal Place of Business OMIT NEW RIVER STN FORT LAUDERDALE, FL 33302			Mailing Address OMIT NEW RIVER STN FORT LAUDERDALE, FL 33302		
2. Principal Place of Business P.O. Box 950 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 950 Suite, Apt. #, etc.			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 59-0909335	
Zip 33302-0950		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, ROY 221 W OAKLAND PARK BLVD FT. LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent Name Battle, Samuel F. Street Address (P.O. Box Number is Not Acceptable) 221 W Oakland Park Blvd City Fort Lauderdale FL Zip Code 33311	
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  Samuel F. Battle 3/31/04 Signature, typed or printed name of registered agent and date 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			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 GADDIS, MICHAEL 517 N FEDERAL HWY FT LAUDERDALE, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GADDIS, JESSE P 517 N FEDERAL HWY FT LAUDERDALE, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  JESSE P. GADDIS CEO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/31/04 (954) 565-8900 Date Daytime Phone #		