

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90038 037 \*\*\*150.00

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MOORE CR2E034 (11/03)

|  |  |         |   |  |  |
|--|--|---------|---|--|--|
| <b>DOCUMENT # 407534</b><br>1. Entity Name<br><b>SANTA ROSA BBFH, INC</b>  |  |         |   |  |  |
| Principal Place of Business<br><b>1937 SEVILLA BLVD W<br/>ATLANTIC BCH FL 32233</b>  |  |         | Mailing Address<br><b>1937 SEVILLA BLVD W<br/>ATLANTIC BCH FL 32233</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |
| City & State   |  |         | City & State  |  |  |
| Zip  |  | Country |   | 4. FEI Number <b>59-1515935</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |         |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BULL, GOERGE JR<br/>1937 SEVILLA BLVD W<br/>ATLANTIC BCH FL 32233</b>  |  |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |         |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS   |  |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE PD <input type="checkbox"/> Delete<br>NAME BULL, GEORGE JR.<br>STREET ADDRESS 1937 SEVILLA BLVD W<br>CITY-ST-ZIP ATLANTIC BCH FL   |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |  |  |
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| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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 reports 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 an other like empowered. |  |         |   |  |  |
| SIGNATURE:   |  |         | 4/19/04 (904) 246-4469  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>GEORGE BULL JR. PRESIDENT</b>  |  |         |   |  |  |