
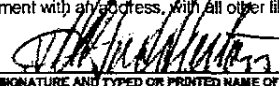


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # 524615 1. Entity Name B-C CORRAL, INC.		
Principal Place of Business 4509 HWY 92 EAST LAKELAND, FL 33801	Mailing Address 4509 HWY 92 EAST LAKELAND, FL 33801	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HUDDLESTON, SAMUEL D. 1121 HARTSELL AV 1121 HARTSELL AVENUE LAKELAND, FL 33803		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDDLESTON, SAMUEL D 1121 HARTSELL AV LAKELAND, FL 00000,	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, MARY ANNE 1000 TIMARK LANE MARIANNA, FL 32448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, REGINALD E., JR. 14008 58TH PLACE SHAWNEE, KS 66216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>S. David Huddleston</u> <u>1/9/06</u> <u>863-666-2200</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1694714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/10/06-80038-007 150.00