

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-23-2005 90024 039 ***150.00

DOCUMENT # 665764 1. Entity Name B & C MOWERS, INC.					
Principal Place of Business 250 S COURTENAY PARKWAY MERRITT ISLAND FL 32952 US			Mailing Address 250 S COURTENAY PARKWAY MERRITT ISLAND FL 32952 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1975627 ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CLAFLIN, BRUCE R. 100 33RD STREET W. COCOA BEACH FL 32931	
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 Signature, typed or printed name of registered agent and title (applicable) DATE 3/19/05 (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLAFLIN, BRUCE R. 100 33RD ST. W. COCOA BEACH FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAFLIN, CAMILLE M. 100 33RD ST. W. COCOA BEACH FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAFLIN, PETER R. 2721 APACHE ST. JACKSONVILLE FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ 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: BRUCE R. CLAFLIN 4/14/05 321-453-2840 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					