2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003205

City-St-Zip: MADEIRA BEACH, FL 33708

BUSINESS ACCESSORIES IN

FILED Jul 23, 2004 Secretary of State

Name and Address of Current Registered Agent: MCKEE, THOMAS R 380 B MEDALLION BLVD. MADEIRA BEACH, FL 33708 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: P () Delete Title: Name: MCKEE, THOMAS R Name: Address: 380 B MEDALLION BLVD. Address: City-St-Zip: MADEIRA BEACH, FL 33708 City-St-Zip: MADEIRA BEACH, FL 33708	Entity Nai	me: BUSINES	SS ACCESSORIES, INC.			
SUITE 351 MADEIRA BEACH, FL 33708 Current Mailing Address: 15107 MADEIRA WAY SUITE 351 MADEIRA BEACH, FL 33708 FEI Number: 58-1821186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKEE, THOMAS R 380 B MEDALLION BLVD. MADEIRA BEACH, FL 33708 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title: P () Delete	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
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Title: ST () Delete Title: () Change () Addition Name: MCKEE, JUDITH A Name:	Title: Name: Address: City-St-Zip: Title:	P (MCKEE, THOM 380 B MEDALL MADEIRA BEA ST () Delete MAS R LION BLVD. CH, FL 33708) Delete	Title: Name: Address: City-St-Zip: Title:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: THOMAS R. MCKEE PRES 07/23/2004