
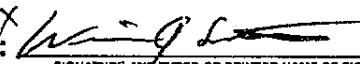


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G19581</b>		
1. Entity Name <b>B L &amp; L ENTERPRISES, INC.</b>		
Principal Place of Business <b>2469 SPRUCE VIEW WAY DAYTONA BEACH, FL 32124 US</b>		Mailing Address <b>2469 SPRUCE VIEW WAY DAYTONA BEACH, FL 32124 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		02142004 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>59-2539335</b>
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>SMITHERMAN, WILLIAM Q 2469 SPRUCE VIEW WAY DAYTONA BEACH, FL 32124</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	DPST	
NAME	SMITHERMAN, WILLIAM Q.	
STREET ADDRESS	2469 SPRUCE VIEW WAY	
CITY-ST-ZIP	DAYTONA BEACH, FL 32124	
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 exemption stated in Section 119.07(3)(c), 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:  <b>WILLIAM Q SMITHERMAN</b>		3/4/04 386 760-8909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #