

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT #G64073

1. Entity Name
B. C. P. R., INC.



FILED
Apr 28, 2004 08:00 AM
Secretary of State

Principal Place of Business
7821 53RD ST
TAMPA, FL 33617 US

Mailing Address
7821 53RD ST
TAMPA, FL 33617 US



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2425112

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLEY, HENRY E
7821 53RD ST
TAMPA, FL 33617

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000137164
04/29/04-80028-018 158.75

10. OFFICERS AND DIRECTORS

TITLE T
NAME CARLEY, JR., WILSON Z
STREET ADDRESS 1134 SQUIRREL CT
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE V
NAME CARLEY, RICHARD E
STREET ADDRESS 15728 STONE AVE N
CITY-ST-ZIP SEATTLE, WA 98133

TITLE P
NAME CARLEY, HENRY E
STREET ADDRESS 7821 53RD ST
CITY-ST-ZIP TAMPA, FL 33617

TITLE S
NAME CARLEY, SYBRENA C
STREET ADDRESS 550 CASCADE RISE CT
CITY-ST-ZIP ATLANTA, GA 30331

TITLE V
NAME RICKS, III, CLAUDIUS N
STREET ADDRESS 8209 ANTLE PINES CT
CITY-ST-ZIP LAS VEGAS, NV 89149

TITLE D
NAME BEVEL, ANTHONY E
STREET ADDRESS 3300 STEPHENS FARM LN
CITY-ST-ZIP CHARLOTTE, NC 28269

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sybrene C Carley* **SYBRENA C CARLEY** 30 APR 04 404-691-7504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #