


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 08, 2004 08:00 AM  
Secretary of State

DOCUMENT # H38800 1. Entity Name B & L PROPERTY SERVICES, INC.	
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Principal Place of Business 7544 COLERIDGE ROAD PANAMA CITY, FL 32404 US	Mailing Address P.O. BOX 6277 PANAMA CITY, FL 32404 US
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01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2512103	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LESTER, DAVID R.  
7544 COLERIDGE ROAD  
PANAMA CITY, FL 32404

**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 \_\_\_\_\_ (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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LESTER, SUSAN C. 7544 COLERIDGE ROAD PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LESTER, DAVID R. 7544 COLERIDGE ROAD PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: David R. Lester **DAVID R. LESTER** 01 APRIL 2004 850-871-1766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #