


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 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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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2512103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LESTER, DAVID R. 7544 COLERIDGE ROAD PANAMA CITY, FL 32404
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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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** 12 APRIL 05 (850) 871-1766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #