


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90029 028 ***150.00

DOCUMENT # J37777	
1. Entity Name B. C. BUNDT, INC.	

Principal Place of Business 5221 B EHRLICH RD. TAMPA FL 33624 US	Mailing Address PO BOX 271848 TAMPA FL 33688-1848 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 63-0940738	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 HOKES, VIRGINIA MRS 4313 CARROLLWOOD VILLAGE DR. TAMPA FL 33624 33618	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME MCREE, WILLIAM STREET ADDRESS 1380 RIVERCREST DR CITY-ST-ZIP VINCENT AL 35178	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD <input type="checkbox"/> Delete	NAME HOKES, VIRGINIA T STREET ADDRESS 4313 CARROLLWOOD VLG. DR CITY-ST-ZIP TAMPA FL 33618	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE COO <input type="checkbox"/> Delete	NAME HOKES, JAMES L STREET ADDRESS 4313 CARROLLWOOD VLG.DR. CITY-ST-ZIP TAMPA FL 33618	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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 information.

SIGNATURE: Virginia T. Hokes, Secretary/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-19-04 Daytime Phone # 813-963-2784