

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L78436**

1. Entity Name

BJC HOLDINGS, INC.



Principal Place of Business

5381 CLIFF STREET  
P O DRAWER 677  
GRACEVILLE FL 32440

Mailing Address

5381 CLIFF STREET  
P O DRAWER 677  
GRACEVILLE FL 32440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3067143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILDER, T W, III  
5381 CLIFF STREET  
GRACEVILLE, FL 32440

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME WILDER, TOM W.  
STREET ADDRESS 2842 OLD CHIPLEY RD  
CITY-ST-ZIP SLOCOMB AL

TITLE D ☐ Delete  
NAME WILDER, T.W. I  
STREET ADDRESS 4285 LAFAYETTE STREET  
CITY-ST-ZIP MARIANNA FL 32446

TITLE STD ☐ Delete  
NAME HEISLER, THOMAS E  
STREET ADDRESS 5676 HWY 77  
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE D ☐ Delete  
NAME MILLER, F. J. DR  
STREET ADDRESS 1501 EAST EIGHTH AV.  
CITY-ST-ZIP GRACEVILLE FL

TITLE D ☐ Delete  
NAME MILLER, LEE W  
STREET ADDRESS 101 8TH AVE  
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS 000000526877  
CITY-ST-ZIP 05/04/06-80091-007 150.00

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Thomas E. Heisler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Heisler

4/21/06

Date

850 263-3222  
Daytime Phone #