

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78436

Entity Name: BJC HOLDINGS, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

5381 CLIFF STREET
P O DRAWER 677
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

5381 CLIFF STREET
P O DRAWER 677
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 59-3067143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILDER, IV, TW
4295 LAFAYETTE STREET
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAM, ARTHUR L
Address: 5523 BROWN STREET
City-St-Zip: GRACEVILLE, FL 32440

Title: CP () Delete
Name: WILDER, IV, TW
Address: 5350 EZELL STREET
City-St-Zip: GRACEVILLE, FL 32440

Title: STD () Delete
Name: HEISLER, THOMAS E
Address: 5676 HWY 77
City-St-Zip: GRACEVILLE, FL 32440

Title: D () Delete
Name: MILLER, F. J. DR
Address: 1501 EAST EIGHTH AV.
City-St-Zip: GRACEVILLE, FL

Title: D () Delete
Name: MILLER, LEE W
Address: 101 8TH AVE
City-St-Zip: GRACEVILLE, FL 32440

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CP (X) Change () Addition
Name: WILDER, IV, TW
Address: 4285 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: RIMES, WILLIAM S
Address: 5350 EZELL STREET
City-St-Zip: GRACEVILLE, FL 32440

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E HEISLER

STD

04/07/2009

Electronic Signature of Signing Officer or Director

Date