

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90032 019 \*\*\*\*61.25

|                                                                                                                              |         |                                                                                                                                         |         |
|------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # N42088</b>                                                                                                     |         |                                                        |         |
| 1. Entity Name<br><b>BARDMOOR BOULEVARD BEAUTIFICATION COUNCIL, INC.</b>                                                     |         |                                                                                                                                         |         |
| Principal Place of Business<br><b>2101 CORDOVA GREENS<br/>LARGO FL 33777<br/>US</b>                                          |         | Mailing Address<br><b>2101 CORDOVA GREENS<br/>LARGO FL 33777<br/>US</b>                                                                 |         |
| 2. Principal Place of Business                                                                                               |         | 3. Mailing Address                                                                                                                      |         |
| Suite, Apt. #, etc.                                                                                                          |         | Suite, Apt. #, etc.                                                                                                                     |         |
| City & State                                                                                                                 |         | City & State                                                                                                                            |         |
| Zip                                                                                                                          | Country | Zip                                                                                                                                     | Country |
| 6. Name and Address of Current Registered Agent<br><br><b>CARRIER, CECIL K JR<br/>8245 BRENTWOOD ROAD<br/>LARGO FL 33777</b> |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |         |



MOORE CR2E037 (11/03)

4. FEI Number **59-3051017** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

| 10. OFFICERS AND DIRECTORS                     |                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>HEINTZ, RUTH E<br>8441 BRENTWOOD RD<br>LARGO FL 33777 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD - WOODBURN, CAROL A.<br>2101 CORDOVA GREENS<br>LARGO, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>PAYNE, RALPH<br>8420 ANNWOOD<br>LARGO FL 33777 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD - GOLD BERGER, MOAZ<br>8060 BRENTWOOD RD<br>LARGO, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CARRIER, CECIL K JR<br>8245 BRENTWOOD RD.<br>LARGO FL 33777 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WOODBURN, PAUL C<br>2101 CORDOVA GREENS<br>LARGO FL 33777 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |

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 617, 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: *Cecil K Carrier, Jr* **TD** 3/31/04 927-391-051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #