## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000007856

Entity Name: BCB INDUSTRIES, INC.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

APOPKA, FL 32712

BATHKE, BENJAMIN M

938 KEATON PKWY

OCOEE, FL 34761

( ) Delete

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7232 OVERLAND RD. ORLANDO, FL 32810						
Current Mailing Address:				New Mailing Address:		
P.O. BOX 910 APOPKA, FL 327040910						
FEI Number: 59-3625554 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )						
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
BUCHHOLZ, RICHARD 331 HAVERLAKE CIRCLE APOPKA, FL 32712 US				BATHKE, BENJAMIN M 938 KEATON PARKWAY OCOEE, FL 34761 US		
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: BENJAMIN M. BATHKE 01/04/2005						01/04/2005
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () CARDOZA, RON P.O. BOX 910 APOPKA, FL 32			Title: Name: Address: City-St-Zip:	D (X CARDOZA, RC P.O. BOX 910 APOPKA, FL 3	
Title: Name: Address: City-St-Zip:	D () E BUCHHOLZ, RIC P.O. BOX 910 APOPKA, FL 32			Title: Name: Address: City-St-Zip:	D (X BUCHHOLZ, R P.O. BOX 910 APOPKA, FL 3	
Title: Name: Address: City-St-Zip:	D ()E BATHKE, BEN P.O. BOX 910 APOPKA, FL 32	Delete 7040910		Title: Name: Address: City-St-Zip:	D (X BATHKE, BEN P.O. BOX 910 APOPKA, FL 3	
Title: Name: Address: City-St-Zip:	S,T () E CARDOZA, RON 15549 ARABIAN MONTVERDE, FL	WAY		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address:	V () [ BUCHHOLZ, RIC 331 HAVER LAKE			Title: Name: Address:	(	) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BENJAMIN M. BATHKE P 01/04/2005

() Change () Addition