

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000010352

1. Entity Name  
BCA HOLDING CORP.



Principal Place of Business  
790 HILLBRATH DRIVE  
LANTANA, FL 33462

Mailing Address  
790 HILLBRATH DRIVE  
LANTANA, FL 33462



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0999844

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ALEXANDER, LARRY B  
505 S FLAGLER DR, SUITE 1100  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000055959  
02/18/04-80027-004 158.75

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GUSMANO, CHARLES  
STREET ADDRESS 790 HILLBRATH DRIVE  
CITY-ST-ZIP LANTANA, FL 33462

TITLE D  
NAME LOMANGINO, ROBERT  
STREET ADDRESS 790 HILLBRATH DRIVE  
CITY-ST-ZIP LANTANA, FL 33462

TITLE D  
NAME LOMANGINO, ANTHONY  
STREET ADDRESS 520 SOUTH BEACH RD  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04

Date

561-582-6688

Daytime Phone #