


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90023 017 \*\*\*150.00

DOCUMENT # P00000019917			
1. Entity Name BCHS, INC.			
Principal Place of Business 5109 SOUTHSHORE DR NEW PORT RICHEY, FL 34652		Mailing Address 5109 SOUTHSHORE DR NEW PORT RICHEY, FL 34652	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3630248		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIS, GARY L 8726 OLD COUNTY RD 54, SUITE E NEW PORT RICHEY, FL 34653		Name <u>DAVIS, GARY L</u> Street Address (P.O. Box Number is Not Acceptable) <u>9020 RANCHO DEL RIO DR. SUITE 101</u> City <u>NEW PORT RICHEY</u> FL Zip Code <u>34655</u>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLLINGSHEAD, ROBERT N 5109 SOUTHSHORE DRIVE NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLINGSHEAD, ROSALIE M 5109 SOUTH SHORE DR NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u>[Signature]</u>		Date <u>2-9-04</u> Daytime Phone # <u>(727)815-3323</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



02092004 Chg-P CR2E034 (10/03)

*NEW ADDRESS* →