## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

SIGNATURE AND TYPED OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 26, 2004 8:00 am **DOCUMENT # P00000064447 Secretary of State** 1. Entity Name 01-26-2004 90003 027 \*\*\*158.75 BPF DESIGN INCORPORATED Principal Place of Business Mailing Address 225 SEAVIEW AVE. 225 SEAVIEW AVE. DAYTONA BEACH FL 32118-3426 DAYTONA BEACH FL 32118-3426 3. Mailing Address 2. Principal Place of Business 207 Fairview Avenue 207 Fairview Avenu Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number 59-3654465 Daytona Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREDLEY, BRIAN P Street Address (P.Q. Box Number is Not Acceptable) 207 Fair View Avenue 225 SEAVIEW AVE. DAYTONA BEACH FL 32118-3426 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Progitant Change PD Addition TITLE ☐ Delete TITLE Fredley, Brain P. 207 Fairvon Avenue FREDLEY, BRIAN P NAME NAME 225 SEAVIEW AVE. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32118-3426 CITY-ST-ZIP CITY-ST-ZIP Daytona Beach, R 32114 ☐ Change TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED