

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90050 006 ***150.00

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1. Entity Name
BC LAND INVESTMENTS, INC



Principal Place of Business
**1252 LIVINGSTON ROAD
LUTZ, FL 33559**

Mailing Address
**1252 LIVINGSTON ROAD
LUTZ, FL 33559**

DO NOT WRITE IN THIS SPACE



01262008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3654757

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JEFFERY BACHTEL
1252 LIVINGSTON ROAD
LUTZ, FL 33559**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

(CK # 1330)

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BACHTEL, ALVIN
22464 WEEKS BLVD
LAND O LAKES, FL 34639**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BACHTEL, JEFFREY
18836 CAR DR
LUTZ, FL 33559**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BACHTEL, JAMESON
1252 LIVINGSTON RD
LUTZ, FL 33559**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Jeff Bachtel

1-29-08

Date

(813)928-0841

Daytime Phone #