


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90028 047 ***150.00

DOCUMENT # P00000078751	
1. Entity Name BJFV, INC.	

Principal Place of Business 909 SOUTH RIDGEWOOD AVE DAYTONA BEACH, FL 32114 US	Mailing Address 148 KENILWORTH AVE. ORMOND BEACH, FL 32174 US
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2. Principal Place of Business Blvd 1480 W International Speedway	3. Mailing Address P.O. Box 9593
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Daytona Beach FL	City & State Daytona Beach FL
Zip 32114	Zip 32120
Country USA	Country USA

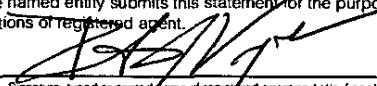


02192004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3665016	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 VOGES, ROBERT J 148 KENILWORTH AVE. ORMOND BEACH, FL 32174	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 **2/23/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	<input type="checkbox"/> Delete	TITLE PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOGES, ROBERT J		NAME VOGES, ROBERT J	
STREET ADDRESS 148 KENILWORTH AVE.		STREET ADDRESS 148 KENILWORTH AVE.	
CITY-ST-ZIP ORMOND BEACH, FL 32174		CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE CHMN	<input type="checkbox"/> Delete	TITLE CHMN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOGES, JUDITH F		NAME VOGES, JUDITH F	
STREET ADDRESS 148 KENILWORTH AVE.		STREET ADDRESS 148 KENILWORTH AVE.	
CITY-ST-ZIP ORMOND BEACH, FL 32174		CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  DATE **2/23/04** DAYTIME PHONE # **386/257-4423**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR