

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083637

Entity Name: BFS OF FLORIDA, INC.

FILED
Jul 29, 2004
Secretary of State

Current Principal Place of Business:

2812 AIRPORT ROAD
PLANT CITY, FL 33567

New Principal Place of Business:

609 S. COLLINS STREET
PLANT CITY, FL 33563

Current Mailing Address:

2812 AIRPORT ROAD
PLANT CITY, FL 33567

New Mailing Address:

609 S. COLLINS STREET
PLANT CITY, FL 33563

FEI Number: 59-3673672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, JAQUETTA D
510 E LANGFORD DRIVE
PLANT CITY, FL 33563

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARRON, CHARLES D
Address: 12410 HWY 16 EAST
City-St-Zip: SHIRLEY, AR 72153

Title: D () Delete
Name: FOSBENNER, KEVIN D
Address: 6003 ELKINS STREET
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: SHIELDS, JAQUETTA D
Address: 510 E LANGFORD DRIVE
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAQUETTA D. SHIELDS

D

07/29/2004

Electronic Signature of Signing Officer or Director

Date