

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000108089

1. Entity Name
BC LEISURE ENTERPRISES, INC.



Principal Place of Business
11000 PROSPERITY FARMS ROAD
SUITE 202
PALM BEACH GARDENS, FL 33410

Mailing Address
11000 PROSPERITY FARMS ROAD
SUITE 202
PALM BEACH GARDENS, FL 33410



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3764854

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TANNENBAUM, MICHAEL D
2161 PALM BEACH LAKES BOULEVARD
SUITE 304
WEST PALM BEACH, FL 33409

**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 restate)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PAPARONE, DONALD
STREET ADDRESS 11000 PROSPERITY FARMS RD STE 202
CITY-ST-ZIP PALM BCH GDN, FL 33410

TITLE ST
NAME PAPARONE, DOMENICK
STREET ADDRESS 11000 PROSPERITY FARMS RD STE 202
CITY-ST-ZIP PALM BCH GDN, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

000000225659
02/11/05-80050-005 150.00

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IN THIS SPACE**

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: Domenick Paparone 1/27/05 (561) 622-3038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #