

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000014271

1. Entity Name
BOP PROPERTIES, INC.



Principal Place of Business
**125 WEST ROMANA STREET
STE 400
PENSACOLA, FL 32501**

Mailing Address
**125 WEST ROMANA STREET
STE 400
PENSACOLA, FL 32501**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3736805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUFFMAN, ROGER
125 WEST ROMANA STREET
STE 400
PENSACOLA, FL 32501**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIBSON, GREGORY
STREET ADDRESS	PO BOX 12966
CITY - ST - ZIP	PENSACOLA, FL 325912966

TITLE	D
NAME	HUFFMAN, ROGER
STREET ADDRESS	PO BOX 12966
CITY - ST - ZIP	PENSACOLA, FL 325912966

TITLE	D
NAME	BELL, BRIAN P
STREET ADDRESS	PO BOX 12966
CITY - ST - ZIP	PENSACOLA, FL 325912966

TITLE	D
NAME	MCCOY, CARY H
STREET ADDRESS	PO BOX 12966
CITY - ST - ZIP	PENSACOLA, FL 325912966

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000012463
01/26/04-80011-012 150.00

**DO NOT WRITE
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: **ROGER HUFFMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 **(850) 436-7846**
Date Daytime Phone #