


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000031991	
1. Entity Name B.F.T. OF TAMPA BAY, INC.	

Principal Place of Business 6244 SPRINGER DR PORT RICHEY, FL 34668	Mailing Address 6244 SPRINGER DR PORT RICHEY, FL 34668
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3715636	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

**SAUNDERS, NICOLE B
6244 SPRINGER DRIVE
PORT RICHEY, FL 34668**

**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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

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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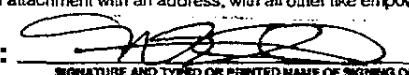
10. OFFICERS AND DIRECTORS

TITLE PD	NAME BUCK, DONALD A JR
STREET ADDRESS 19843 ELLENDALE DR	CITY-ST-ZIP LAND O LAKES, FL 34639
TITLE VD	NAME SAUNDERS, NICOLE
STREET ADDRESS 5240 WELLFIELD RD	CITY-ST-ZIP NEW PORT RICHEY, FL 34655
TITLE ST	NAME QUINN, PETER J
STREET ADDRESS 324 173 RD AVE E	CITY-ST-ZIP N. REDINGTON BEACH, FL 33708
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

01/09/04-80007-003 150.00

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:  **Nicole B. SAUNDERS** 1/6/04 727 844-7899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #