


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90016 046 ***150.00

DOCUMENT # P01000039000 1. Entity Name BRISTOW PROPERTIES CORPORATION	
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Principal Place of Business 2572 PARTRIDGE DR WINTER HAVEN FL 33884	Mailing Address 2572 PARTRIDGE DR WINTER HAVEN FL 33884
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2. Principal Place of Business 2175 KENDALL LN.	3. Mailing Address 2175 KENDALL LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER HAVEN, FL.	City & State WINTER HAVEN, FL.
Zip 33884	Zip 33884
Country	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3720263	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 BRISTOW, GARY 2572 PARTRIDGE DR WINTER HAVEN FL 33884	7. Name and Address of New Registered Agent Name GARY BRISTOW Street Address (P.O. Box Number is Not Acceptable) 2175 KENDALL LN. City WINTER HAVEN FL Zip Code 33884
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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 GARY BRISTOW CEO DATE 2-4-04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	CEOP BRISTOW, GARY 2572 PARTRIDGE DR WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BRISTOW, DONNA 2572 PARTRIDGE DR WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GARY BRISTOW CEO DATE 2-4-04 (863) 206-6836
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