## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P01000046691 1. Entity Name BIZFURN, INC. Principal Place of Business Mailing Address 61 JEFFERSON AVENUE PO BOX 1616 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082-1616 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

## **FILED** Apr 26, 2004 08:00 AM Secretary of State



01282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3723971

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

HUNTER, FRANK 2410 14TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250

SIGNATURE

## 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 NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			•
TITLE NAME STREET ADORESS CITY+ST-ZIP	DPST BAILIE-LANGLOIS, CATHERINE PO BOX 1616 PONTE VEDRA BEACH, FL 32082				U00000132441
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/27/04-80045-025 150.00
ritle Name Street adoress City-St-Zip				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET AODRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 attactment with an address, with all other like empowered.					

RINTED NAME OF SIGNING OFFICER OR DIRECTOR