

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000079151

1. Entity Name
BRITISH AMERICAN INVESTMENT CORPORATION



Principal Place of Business
9407 POINCIANA COURT
FORT PIERCE, FL 34951

Mailing Address
9407 POINCIANA COURT
FORT PIERCE, FL 34951

FILED
May 02, 2008 08:00 AM
Secretary of State



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1142619

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

MCGARVEY, PHILLIP A
9407 POINCIANA COURT
FORT PIERCE, FL 34951

**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 of person or firm name of registered agent or the filer

(Not for use as Agent's name or address)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000946007
05/30/08-80030-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCGARVEY, PHILLIP A
9407 POINCIANA COURT
FORT PIERCE, FL 34951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCGARVEY, VADAL
9407 POINCIANA COURT
FORT PIERCE, FL 34951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 "D" or Block "E" if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08