


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90039 026 ***150.00

DOCUMENT # P02000037461 1. Entity Name B.D. ROUNTREE, INC.					
Principal Place of Business 6004 SW 112 PLACE RD OCALA FL 34476				Mailing Address 6004 SW 112 PLACE RD OCALA FL 34476	
2. Principal Place of Business 6004 SW 112th Place Rd. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Ocala FL		City & State		4. FEI Number 01-0658699	
Zip 34476		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUNTREE, BARBARA D 6004 SW 112 PLACE RD OCALA FL 34476				7. Name and Address of New Registered Agent Name B. Dawn Rountree Street Address (P.O. Box Number is Not Acceptable) 6004 SW 112 A Rd. City Ocala FL Zip Code 34476	
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 <u><i>B. Dawn Rountree</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROUNTREE, BARBARA D 6004 SW 112 PLACE RD OCALA FL 34476 <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	V ROUNTREE, TODD E 6004 SW 112 PLACE RD OCALA FL 34476 <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
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: <u><i>B. Dawn Rountree</i></u> B. Dawn Rountree <u>1/30/04</u> <u>(352) 861-5641</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					