## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 04, 2004 8:00 am Secretary of State

DOCUMENT # P02000059267  1. Entity Name BNX COMPANY						. 02-04-2004 90042 050 ***150.00				
Principal Place of Business Mailing Address					54003301					
7505 CLANTON TR Bayonet Point, FL 34667		7505 CLANTON TR BAYONET POINT, FL 34667			4 10 10 10 10 10 10 10 10 10 10 10 10 10				, (fre) :: 1881	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312004	Chg-P	,—,,, <b>01/11 1111</b> (64	4 (10/03)	1881 14 1681	
City & State		City & State			4. FEI Numbe		- CITZE00	· · · · ·	plied For	
				<u> </u>	81-055			No	t Applicable	
Zip	Country	Zip	Coun	ntry 	5. Certificate	of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered A	gent		
SINGLETON, BRUCE E				Name Street Address (P.O. Box Number is Not Acceptable)						
7505 CLAI BAYONET	POINT, FL 34667		Sueet Address			- Is Not Acceptat	·			
				City				7:- 0		
4				City			FL,	Zip Code		
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 NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees							,			
10.	OFFICERS AND		11.	<del></del>	ADDITIONS/	CHANGES TO OF				
TITLE NAME	D SINGLETON, BRUCE E	☐ Defete	TITL! NAM	1				Change	Addition	
STREET ADDRESS	7505 CLANTON TR			EET ADDRESS (-ST-ZIP		•				
TITLE	BAYONET POINT, FL 34667 CITY D Detete IIIL							☐ Change	☐ Addition	
NAME	SINGLETON, NORMA A			≸E				<b>_</b>		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP						
TITLE	D	Delete	TITL		- v	<del></del>		☐ Change	'Addition	
NAME	SINGLETON, ANDREW A	•	NAM	,	•					
STREET ADDRESS CITY-ST-ZIP	5121 ENGLEWOOD LN ZEPHYRHILLS, FL 33541			eet address (-ST-ZIP	•					
TITLE		☐ Delete	TITL	E			.,,	☐ Change	Addition	
NAME STREET ADDRESS			NAM	ie Eet address						
CITY-ST-ZIP				r-ST-ZIP						
TITLE		☐ Delete	TITL	- 1				☐ Change	Addition	
NAME Street Address			NAM STRI	AE EET ADDRESS						
CITY-ST-ZIP		~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		r-st-zip						
title Name		. □ Delete	TITL NAM			-		☐ Change	- 🔲 Addition	
STREET ADDRESS				EET ADDRESS	,				ļ	
CITY-ST-ZIP				/-ST-ZIP						
12. Thereby	certify that the information supplied with	this filing does not qualify for	r the exe	emption stated in S	ection 119.07(3)(	i), Florida Statute:	s. I further certi	fy that the ir	nformation	

12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(t), Florida Statutes. 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: SIGNATURE AND TYPED OF PRINTED CAME OF SIGNING OFFICER OR DIRECTOR

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1727-869-7425