

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000060248

1. Entity Name  
BFOL 2 INC.



Principal Place of Business  
STATE RD. 30, RT. 3, BOX 260  
PERRY, FL 32347

Mailing Address  
1001 TILLMAN STREET  
MEMPHIS, TN 38112-2096

FILED  
05 JAN 26 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2283145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

300046025193  
02/04/05--01037--003 \*\*300.00

**10. OFFICERS AND DIRECTORS**

TITLE VPD  
NAME CANNON, R. HOWARD  
STREET ADDRESS 1001 TILLMAN ST  
CITY-ST-ZIP MEMPHIS, TN 381080407

TITLE CD  
NAME FERRARO, DAVID B  
STREET ADDRESS 1001 TILLMAN ST.  
CITY-ST-ZIP MEMPHIS, TN 381080407

TITLE PD  
NAME CROWE, JOHN B  
STREET ADDRESS 1001 TILLMAN ST.  
CITY-ST-ZIP MEMPHIS, TN 381080407

TITLE VPD  
NAME MATULA, KRISTOPHER J  
STREET ADDRESS 1001 TILLMAN ST.  
CITY-ST-ZIP MEMPHIS, TN 381080407

TITLE VP  
NAME WELTER, ELIZABETH J  
STREET ADDRESS 1001 TILLMAN ST.  
CITY-ST-ZIP MEMPHIS, TN 381080407

TITLE S  
NAME CUNNINGHAM, SHEILA J  
STREET ADDRESS 1001 TILLMAN ST.  
CITY-ST-ZIP MEMPHIS, TN 381080407

**DO NOT WRITE  
IN THIS SPACE**

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: Sheila Jordan Cunningham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05

Date

(901) 320-8409

Daytime Phone #

Sheila Jordan Cunningham