

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000061185 1. Entity Name BPB INVESTMENTS DIVERSIFIED, INC.	
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Principal Place of Business 102 BEECH STREET CRESTVIEW, FL 32536	Mailing Address PO BOX 1131 CRESTVIEW, FL 32536
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04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0703587	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PARKER, BILL E 115 COURTHOUSE TERRACE CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE

7. 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.

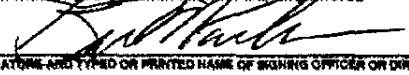
SIGNATURE _____
Signature, typed or printed name of registered agent and (title if applicable). (NOTE: Registered Agent signature required when relocating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, BOBBY J PO BOX 1371 CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARKER, BILL PO BOX 1131 CRESTVIEW, FL 32536
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000113773 04/15/04-80021-024 150.00 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 and answered.

SIGNATURE:  **4/10/04** **(850) 682-4820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #