

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000085458**

1. Entity Name  
**BCH REALTY, INC.**



FILED

04 JUN 17 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
402 S NORTHLAKE BLVD STE 1020  
ALTAMONTE SPRINGS, FL 32701

Mailing Address  
402 S NORTHLAKE BLVD STE 1020  
ALTAMONTE SPRINGS, FL 32701



06162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>81-0565879</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

ESTES, THEODORE D ESQ.  
24 S ORANGE AVE  
ORLANDO, FL

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	PIZZICA, FRANK
STREET ADDRESS	402 S NORTHLAKE BLVD STE 1020
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	DST
NAME	HERRING, MARK C
STREET ADDRESS	402 S NORTHLAKE BLVD STE 1020
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	DV
NAME	HOLT, CHARLES
STREET ADDRESS	402 S NORTHLAKE BLVD STE 1020
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Frank J. Pizzica, Pres* 6/15/04 407/392-8900  
Date Daytime Phone #