

06-13-2005 90003 046 \*\*\*150.00

FILED P02000103184  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 22 PM 4:19

40087955



06022005 No Chg-P CR2E034 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>83-0341154  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000103184

1. Entity Name  
BCR PACIFIC, INC.Principal Place of Business  
822 A1A, STE 304  
PONTE VEDRA BEACH, FL 32082Mailing Address  
217 PINE ST STE 900  
SEATTLE, WA 98101**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent**F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**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          | D                   |
| NAME           | WEAVER, BRADLEY     |
| STREET ADDRESS | 217 PINE ST STE 900 |
| CITY-ST-ZIP    | SEATTLE, WA 98101   |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

**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: Bradley Weaver BRADLEY WEAVER 6-6-05 (904) 260-1405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #