

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000103184

1. Entity Name
BCR PACIFIC, INC.



Principal Place of Business
**822 A1A STE 304
PONTEVEDRA BEACH, FL 32082**

Mailing Address
**217 PINEST STE 900
SEATTLE, WA 98101**

DO NOT WRITE IN THIS SPACE



05162006 No Chg-P CR2E034 (11/05)

4. FEI Number
83-0341154

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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 _____

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
Due by September 6, 2006**

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**

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CITY-ST-ZIP

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1000000566088
05/25/06-80004-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley Weaver 5/17/06 206-682-2222