

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000115889

1. Entity Name
B. S. PROPERTY MANAGEMENT, INC.



Principal Place of Business
205 AVENUE K S.E.
WINTER HAVEN, FL 33880

Mailing Address
205 AVENUE K S.E.
WINTER HAVEN, FL 33880

FILED
Feb 02, 2004 08:00 AM
Secretary of State



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0526970

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUSH, GEORGE T
205 AVENUE K S.E.
WINTER HAVEN, FL 33880

**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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME BUSH, GEORGE T
STREET ADDRESS 205 AVENUE K S.E.
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE D
NAME STRICKLAND, LEW A
STREET ADDRESS POST OFFICE BOX 225
CITY-ST-ZIP ALTURAS, FL 33820

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000029561
02/04/04-80072-003 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-04 863-401-8866