

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90264 024 ***150.00

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DOCUMENT # P02000129892			
1. Entity Name B.A. BRUCE, INC.			
Principal Place of Business 1742 NANTUCKET COURT PALM HARBOR, FL 34683		Mailing Address 1742 NANTUCKET COURT PALM HARBOR, FL 34683	
2. Principal Place of Business 5046 Victoria Ln. Suite, Apt. #, etc.		3. Mailing Address 5046 Victoria Ln. Suite, Apt. #, etc.	
City & State Holiday, FL Zip 34690 Country GASCO		City & State Holiday, FL Zip 34680 Country TASCO	
6. Name and Address of Current Registered Agent PLOURDE, BRUCE A 1742 NANTUCKET COURT PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE: <i>Bruce A. Plourde</i>		DATE: 4-27-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLOURDE, BRUCE A 1742 NANTUCKET CT PALM HARBOR, FL 34683 <i>5046 Victoria Ln. Holiday, FL 34690</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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: <i>Bruce A. Plourde</i>		DATE: 4-27-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 727-305-0638	