

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000132994

1. Entity Name
BAFCO INVESTMENT CORPORATION



Principal Place of Business

4839 FOXRUN CIRCLE
LAKELAND, FL 33813

Mailing Address

4839 FOXRUN CIRCLE
LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0678587

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADEYEMO, ADENIKE
1003 CARLTON ARMS
LAKELAND, FL 33811

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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 reissuing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OYELOWO, BABATUNDE AMOS
4839 FOXRUN CIRCLE
LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ADEMOLA ABIOYE, SAMUEL
134-27, 246 STREET
ROSEDALE, NY 114221444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ABIOYE, FEMI
241-112 136TH AVENUE
ROSEDALE, NY 114221444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Babatunde Amos Oyelowo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

Daytime Phone #