2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-13-2004 90009 034 ***150.00

DOCUMENT # P03000011282

1. Entity Name
BCR CORP

Principal Place of Business	Mailing Address
1798 SELVA MARINA DR ATLANTIC BEACH, FL 32233	1798 SELVA MARINA DR ATLANTIC BEACH, FL 32233

66413983

04102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
925 SEMINOLE ROAD		925 SEMINOLE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ATLANTIC BEACH FL		City & State: ATLANTIC BEACH FL	
Zip: 32233	Country: DUVAL	Zip: 32233	Country: DUVAL

4. FEI Number: 42-1574465 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERS, BRENT P
1798 SELVA MARINA DR
ATLANTIC BEACH, FL 32233

7. Name and Address of New Registered Agent

Name: BRENT P. ROGERS (PRES)
Street Address (P.O. Box Number is Not Acceptable): 925 SEMINOLE ROAD
City: ATLANTIC BEACH FL Zip Code: 32233

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] DATE: 4-12-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PRESIDENT~~ ~~925 SEMINOLE ROAD~~ ~~ATLANTIC BEACH FL 32233~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRENT P. ROGERS 925 Seminole Rd. Atlantic Beach FL 32233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4-12-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #