

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000052224

1. Entity Name
BFF CONTRACTING INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 JUL -9 AM 11:11

Principal Place of Business
1435 E VENICE AVE.
STE. 256
VENICE, FL 34292-3074

Mailing Address
P.O. BOX 850
OSPREY, FL 34229-0850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06232004

Chg-P

CR2E034 (10/03)

4. FEI Number
92-0194145

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGDON, ALLEN E PHD
125 FIRST AVE.
NOKOMIS, FL 34275-4242

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CAHOO, LEE C ☐ Delete
STREET ADDRESS 1279 PRICE CIRCLE NW
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE EV
NAME KEERAN, JOSEPH M SR ☒ Delete
STREET ADDRESS 1279 PRICE CIRCLE NW
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE T
NAME CAHOO, LEE C ☒ Delete
STREET ADDRESS 1279 PRICE CIRCLE NW
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE S
NAME KEERAN, JOSEPH M SR ☒ Delete
STREET ADDRESS 1279 PRICE CIRCLE NW
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P, S, T ☒ Change ☐ Addition
NAME Cahoo, Lee C.
STREET ADDRESS 1279 Price Circle NW
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 400039377904
CITY-ST-ZIP 07/21/04--01031--002 **\$61.25

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

June 23, 2004

Date

(941) 391-0873

Daytime Phone #