

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

54055984



DOCUMENT # P03000054591			
1. Entity Name BFB SERVICES, INC			
Principal Place of Business 2580 PALM DRIVE DAYTONA BEACH, FL 32124		Mailing Address 2580 PALM DRIVE DAYTONA BEACH, FL 32124	
2. Principal Place of Business 1140 San Jose Blvd Suite, Apt. #, etc		3. Mailing Address 1140 San Jose Blvd Suite, Apt. #, etc	
City & State Daytona Beach FL		City & State Daytona Beach FL	
ZIP 32117		ZIP 32117	
County Volusia		County Volusia	
6. Name and Address of Current Registered Agent JOE LOGUIDICE 555 W GRANADA BLVD B5 ORMOND BEACH, FL 32174		4. Fee Number 50-2352128 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name and Address of New Registered Agent Name: Loguidice JOE Street (Post Office Box Number is Not Acceptable) 1515 City: FL Zip Code		Applied For <input type="checkbox"/> Not Applicable	
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		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM BAILEY 2580 PALM DRIVE DAYTONA BEACH, FL 32124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORENCE BAILEY 2580 PALM DRIVE DAYTONA BEACH, FL 32124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of the following:			
SIGNATURE: <i>Honora Bay</i>		Date	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	