

## ANNUAL REPORT

DOCUMENT # P03000075696

1. Entity Name  
3BD, CORP.

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90001 023 \*\*\*150.00

## Principal Place of Business

505 E. NEW YORK AVE., #7  
DELAND, FL 32724

## Mailing Address

505 E. NEW YORK AVE., #7  
DELAND, FL 32724

## 2. Principal Place of Business

505 E. New York Ave.

## 3. Mailing Address

505 E. New York Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 9

Suite 9

City &amp; State

City &amp; State

DeLand, FL

DeLand, FL

Zip

Country

Zip

Country

32724

USA

32724

USA

## 6. Name and Address of Current Registered Agent

STARKS, LISA D  
505 E. NEW YORK AVE., #7  
DELAND, FL 32724

07042004

Chg-P

CR2E034 (10/03)

## 4. FEI Number

57-1180308

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

## 7. Name and Address of New Registered Agent

Name

Lisa D. Starks

Street Address (P.O. Box Number is Not Acceptable)

505 E. New York Ave

Suite 9

City

DeLand

FL

Zip Code

32724

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 re-registering)

7/9/04

DATE

FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$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

TITLE P ☐ Delete  
 NAME DAVIS, CHUCK  
 STREET ADDRESS 3927 N. CLEROSE CIRCLE  
 CITY-ST-ZIP CINCINNATI, OH 45205

TITLE VP ☐ Delete  
 NAME STARKS, LISA D  
 STREET ADDRESS 505 E. NEW YORK, #7  
 CITY-ST-ZIP DELAND, FL 32724

TITLE T ☐ Delete  
 NAME BALDWIN, JUDITH  
 STREET ADDRESS 2089 ENTERPRISE-OSTEEN ROAD  
 CITY-ST-ZIP ENTERPRISE, FL 32725

TITLE S ☒ Delete  
 NAME BALDWIN, BILL  
 STREET ADDRESS 2089 ENTERPRISE-OSTEEN ROAD  
 CITY-ST-ZIP ENTERPRISE, FL 32725

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 505 E. New York Avenue - Suite 9  
 CITY-ST-ZIP DELAND, FL 32724

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

TITLE ☒ Change ☐ Addition  
 NAME Secretary  
 STREET ADDRESS Chuck Davis  
 CITY-ST-ZIP 3927 N. Clerose Circle  
 Cincinnati, OH 45205

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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

Lisa D. Starks 7/9/04

(386)

738-7003