


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

06-16-2004 90013 020 ***150.00

DOCUMENT # P03000076240	
1. Entity Name B & P CORPORATION OF CENTRAL FLORIDA	

Principal Place of Business 5990 WALT LOOP ROAD LAKELAND, FL	Mailing Address 5990 WALT LOOP ROAD LAKELAND, FL
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54057658



2. Principal Place of Business 3122 E. Colonial Drive Suite, Apt. #, etc. Unit C	3. Mailing Address 3122 E. Colonial Drive Suite, Apt. #, etc. Unit C
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05242004 Chg-P CR2E034 (10/03)

City & State Orlando FL	City & State Orlando, FL
Zip 32803	Country USA

4. FEI Number 05-0576702	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BURNETT, FREDERICK S 5990 WALT LOOP ROAD LAKELAND, FL	
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7. Name and Address of New Registered Agent Name Burnett, Frederick S. Street Address (P.O. Box Number is Not Acceptable) 3122 E. Colonial Drive Unit C City Orlando FL Zip Code 32803	
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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 Frederick S. Burnett - President DATE 5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	
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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.
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10. OFFICERS AND DIRECTORS	
TITLE PTD	<input type="checkbox"/> Delete
NAME BURNETT, FREDERICK S	
STREET ADDRESS 5990 WALT LOOP ROAD	
CITY-ST-ZIP LAKELAND, FL	
TITLE SVD	<input type="checkbox"/> Delete
NAME BURNETT, ROSA ANGELICA	
STREET ADDRESS 5990 WALT LOOP ROAD	
CITY-ST-ZIP LAKELAND, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Burnett, Frederick S.	
STREET ADDRESS 3122 E. Colonial Drive	
CITY-ST-ZIP Orlando, FL 32803	
TITLE SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Burnett, Rosa Angelica	
STREET ADDRESS 3122 E. Colonial Drive	
CITY-ST-ZIP Orlando, FL 32803	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Frederick S. Burnett	Date 5/04	Daytime Phone # 407 897 3209
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		