

Principal Place of Business	Mailing Address
4310 SHERIDAN ST SUITE 202 HOLLYWOOD FL 33021	4310 SHERIDAN ST SUITE 202 HOLLYWOOD FL 33021

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
57-1195264	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BURTON, ANDRE S 4310 SHERIDAN ST SUITE 202 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> Delete
NAME	SANCHEZ, DAVID
STREET ADDRESS	8803 NUNDY AVE
CITY- ST- ZIP	GIBSONTON FL 33534
TITLE	VS <input type="checkbox"/> Delete
NAME	MERRITT, BILLIE
STREET ADDRESS	8803 NUNDY AVE
CITY- ST- ZIP	GIBSONTON FL 33534
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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)(f), 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: Billie J Merritt VS 7/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54065883

PO 300014422



Burton & Company, P.A.

Certified Public Accountants

July 26, 2004

Department of State
Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Gentlemen:

My client, B & T Concessions, Inc., is hereby forwarding to you the Corporate Annual Report for 2004 along with the remittance of \$150.00. We apologize for the lateness of this filing with your office.

B & T Concessions, Inc. is a corporation that was formed in November 2003 in the carnival business. They are never in town and therefore did not receive any prior notification from your office. We discovered the problem when we were going through their books and records to prepare the previous year's income tax returns.

We would appreciate it very much if you would waive any proposed penalties. Thank you for your cooperation. If you have any questions, please contact the undersigned.

Sincerely,

Andre S. Burton, CPA
ASB/b
Enc.

cc: B & T Concessions, Inc.