

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90545 043 ***150.00

DOCUMENT # P04000031044 1. Entity Name B & P ENTERPRISES OF CENTRAL FLORIDA, INC.					
Principal Place of Business 3202 PLANTATION LAKES CIRCLE SANFORD, FL 32771			Mailing Address 3202 PLANTATION LAKES CIRCLE SANFORD, FL 32771		
2. Principal Place of Business 11449 NELLIE OAKS BEND Suite, Apt. #, etc.		3. Mailing Address 11449 NELLIE OAKS BEND Suite, Apt. #, etc.			
City & State CLERMONT, FL.		City & State CLERMONT, FL.		4. FEI Number 84-1637385	
Zip 34711	Country LAKE	Zip 34711	Country LAKE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARPENTER, BRENDA F 3202 PLANTATION LAKES CIRCLE SANFORD, FL 32771				7. Name and Address of New Registered Agent Name CARPENTER, BRENDA F. Street Address (P.O. Box Number is Not Acceptable) 11449 NELLIE OAKS BEND City CLERMONT FL Zip Code 34711	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARPENTER, BRENDA F 3202 PLANTATION LAKES CIRCLE SANFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENLEY, PHILLIP 3202 PLANTATION LAKES CIRCLE SANFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. CARPENTER, TINA L 449 TEAL LANE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES CARPENTER, DONALD I 449 TEAL LANE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Brenda F. Carpenter</i> (BRENDA F. CARPENTER) 4/29/05 352-243-1418 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

14014808



04292005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

Zip Code
34711