

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 A
Secretary of State

DOCUMENT # P04000031044

1. Entity Name
B & P ENTERPRISES OF CENTRAL FLORIDA, INC.



Principal Place of Business
**5209 SW US 221
GREENVILLE, FL 32331**

Mailing Address
**5209 SW US221
GREENVILLE, FL 32331**



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1637385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CARPENTER, BRENDA F
5209 SW US 221
GREENVILLE, FL 32331**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARPENTER, BRENDA F
STREET ADDRESS	5209 SW US 221
CITY-ST-ZIP	GREENVILLE, FL 32331

TITLE	V
NAME	HENLEY, PHILLIP W
STREET ADDRESS	5209 SW US221
CITY-ST-ZIP	GREENVILLE, FL 32331

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/08-80087-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENDA F. CARPENTER

2/15/2008

Date

(850)
948-9984

Daytime Phone #