2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 Al te

ANNUAL REPORT					Secretary of Sta				
DOCUMENT # P04000033670 1. Entity Name BCC SCREENING, INC.)		occi ci	iaiy oi	Sta	
Principal Place 12401 TWO FOUNTAIN, F	TRAIL RD	Mailing Address P.O. BOX 191 FOUNTAIN, FL 32438				(1) 15) 18 1) 83 ((5)	1 1 880 188 0 55 0 8 8 11)]]]	
D	OO NOT WRITE I	CE	03022007 4. FEI Numb 90-014	No Chg-P	CR2E03	4 (11/05) Applied Not Appl 8.75 Additions ee Required	l For plicable		
,12401 TW	6. Name and Address of Current Regi WILLIAM E O TRAIL RD. N, FL 32438		-	NOT W THIS SF		will reduce.			
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 bitle if applicable. (NOTE: Registered Agent agenture required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ided to Fees	,	•	***************************************	. }	
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P HOLMES, WILLIAM E P.O. BOX 191 FOUNTAIN, FL 32438	CTORS			0000 05/03/0	0007259 07-8004	15 2-006 15	0.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SI		_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**************************************			·				

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.

TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR