


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90058 026 ***150.00

DOCUMENT # P04000044587		
1. Entity Name BCQUIK ENTERPRISES, INC.		

Principal Place of Business 2825 BUSINESS VENTER BLVD, STE D-6 MELBOURNE, FL 32940	Mailing Address 2825 BUSINESS VENTER BLVD, STE D-6 MELBOURNE, FL 32940
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50005175

2. Principal Place of Business 837 SUNTREE WOODS DR	3. Mailing Address 837 SUNTREE WOODS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State MELBOURNE, FL	City & State MELBOURNE, FL
Zip 32940	Zip 32940
Country US	Country US

01192005 Chg-P CR2E034 (10/03)

4. FEI Number 86-1101795	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CROMARTIE, CATHERINE L 2825 BUSINESS VENTER BLVD, STE D-6 MELBOURNE, FL 32940	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	837 SUNTREE WOODS DR
City	MELBOURNE FL Zip Code 32940

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: <u>Catherine Cromartie</u>	CATHERINE CROMARTIE 1/19/05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROMARTIE, CATHERINE L 2825 BUSINESS VENTER BLVD, STE D-6 MELBOURNE, FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROMARTIE, WILLIAM H JR 2825 BUSINESS VENTER BLVD, STE D-6 MELBOURNE, FL 32940 <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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD 837 SUNTREE WOODS DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD 837 SUNTREE WOODS DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>Catherine Cromartie</u>	CATHERINE CROMARTIE, 1/19/05 321-259-3319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Date Daytime Phone #	