## 2005 FOR PROFIT CORPORATION

## Aug 02, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000127207** 08-02-2005 90033 034 \*\*\*150.00 1. Entity Name B & E OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 5574 SUMMERLAND HILLS CIRCLE 5574 SUMMERLAND HILLS CIRCLE 50059267 LAKELAND, FL 33813 LAKELAND, FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07252005 Chg-P 4. FEI Number 20-1597.425 City & State City & State Applied For Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PUTNAM, ABEL A 😹 Street Address (P.O. Box Number is Not Acceptable) 500 S. FLORIDA AVENUE SUITE 300 LAKELAND FL 33801 2 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PT ☐ Delete TŧTI F Change ☐ Addition TAN, BRADLEY A NAME NAME 5574 SUMMERLAND HILLS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP VP.S ☐ Addition TITLE Change TITLE ☐ Delete TAN, EVANGELINE S NAME NAME 5574 SUMMERLAND HILLS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-7IP ☐ Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 employered.

SIGNATURE:

-26.05

FILED