

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90222 048 ***150.00

DOCUMENT # P04000138955

1. Entity Name
BRITISH FLORIDIAN ENTERPRISES, INC.



Principal Place of Business
**505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881 US**

Mailing Address
**505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881 US**

2. Principal Place of Business
STUART AVE CAFE
Suite, Apt. #, etc.
216 E STUART AVE

3. Mailing Address
224 GROVEPAUL DRIVE
Suite, Apt. #, etc.
BIARSGROVE



03232005 Chg-P CR2E034 (10/03)

City & State
LAKE WALKER FLORIDA
Zip
33853 Country
AMERICA

City & State
DAVENPORT FLORIDA
Zip
33837 Country
AMERICA

4. FEI Number
20-1889340 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOVONI & ASSOCIATES, INC.
505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881**

7. Name and Address of New Registered Agent

Name
JACQUI JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
224 GROVEPAUL DRIVE
BIARSGROVE
City
DAVENPORT FL Zip Code
33837

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

04/01/2005

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, KEITH H
2 PILLING CLOSE
MARSHSIDE, SOUTHPORT, UK PR9 9PL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JOHNSON JACQUI
224 GROVEPAUL DRIVE BIARSGROVE
DAVENPORT FLORIDA 33837** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON KEITH H
224 GROVEPAUL DRIVE BIARSGROVE
DAVENPORT FLORIDA 33837** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JOHNSON JACQUI A
224 GROVEPAUL DRIVE BIARSGROVE
DAVENPORT FLORIDA 33837** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE: **KEITH H JOHNSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/2005

Date

863 676 9000

Daytime Phone #