

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

01-27-2006 90030 001 ***150.00

DOCUMENT # P04000163841

1. Entity Name
BS OPERATIONS, INC.



Principal Place of Business
**160 DOG TRACK ROAD
LONGWOOD, FL 32750**

Mailing Address
**160 DOG TRACK ROAD
LONGWOOD, FL 32750**

00001939



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1965492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOPER, BRENDA L
160 DOG TRACK ROAD
LONGWOOD, FL 32750**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SOPER, BRENDA L**
STREET ADDRESS **160 DOG TRACK ROAD**
CITY - ST - ZIP **LONGWOOD, FL 32750**

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

TITLE **VP** ☐ Delete
NAME **DREYER, CHRIS F**
STREET ADDRESS **160 DOG TRACK ROAD**
CITY - ST - ZIP **LONGWOOD, FL 32750**

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

TITLE **S** ☐ Delete
NAME **WOODHOUSE, JULIE A**
STREET ADDRESS **160 DOG TRACK ROAD**
CITY - ST - ZIP **LONGWOOD, FL 32750**

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

TITLE **T** ☐ Delete
NAME **SOPER, BRENDA L**
STREET ADDRESS **160 DOG TRACK ROAD**
CITY - ST - ZIP **LONGWOOD, FL 32750**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-06

Date

407-834-6280

Daytime Phone #

ATTACHMENT



66001939

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2006

BS OPERATIONS, INC.
160 DOG TRACK ROAD
LONGWOOD, FL 32750

RECEIVED

FEB 17 2006

FINISHING SYSTEMS

Subject: **BS OPERATIONS, INC.**

Reference Number: **P04000163841**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION

*Please see attached
corrected
Thank you.*