


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000163841 1. Entity Name BS OPERATIONS, INC.	
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Principal Place of Business 160 DOG TRACK ROAD LONGWOOD, FL 32750	Mailing Address 160 DOG TRACK ROAD LONGWOOD, FL 32750
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02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1965492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SOPER, BRENDA L 160 DOG TRACK ROAD LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000240129 02/20/08-80077-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOPER, BRENDA L 160 DOG TRACK ROAD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DREYER, CHRIS F 160 DOG TRACK ROAD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODHOUSE, JULIE A 160 DOG TRACK ROAD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOPER, BRENDA L 160 DOG TRACK ROAD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2/8/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #