

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000164290

Entity Name: B C PROFESSIONAL GROUP, INC.

FILED  
Jun 21, 2006  
Secretary of State

## Current Principal Place of Business:

411 E. CARLSILE RD.  
LAKELAND, FL 33813

## New Principal Place of Business:

411 E. CARLISLE RD.  
LAKELAND, FL 33813

## Current Mailing Address:

P O BOX 2556  
EATON PARK, FL 33840

## New Mailing Address:

P O BOX 7371  
LAKELAND, FL 33807 US

FEI Number: 20-1902592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAUB, CAROL ANN  
411 E. CARLSILE RD  
LAKELAND, FL 33813 US

## Name and Address of New Registered Agent:

HAUB, CAROL ANN  
411 E. CARLISLE RD  
LAKELAND, FL 33813 US

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.

SIGNATURE: CAROL ANN HAUB

06/21/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HAUB, NEAL B  
Address: 411 E. CARLISLE RD.  
City-St-Zip: LAKELAND, FL 33813

Title: STD ( ) Delete  
Name: HAUB, CAROL ANN  
Address: 411 E. CARLISLE RD.  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAUB, CAROL A  
Address: 411 E. CARLISLE RD.  
City-St-Zip: LAKELAND, FL 33813

Title: VPD (X) Change ( ) Addition  
Name: HAUB, NEAL B  
Address: 411 E. CARLISLE RD.  
City-St-Zip: LAKELAND, FL 33813

Title: VPD ( ) Change (X) Addition  
Name: DUROCHER, GARY M  
Address: 1441 LONGOAK DRIVE N  
City-St-Zip: LAKELAND, FL 33811 US

Title: STD ( ) Change (X) Addition  
Name: DUROCHER, REBECCA A  
Address: 1441 LONGOAK DRIVE N  
City-St-Zip: LAKELAND, FL 33811 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL ANN HAUB

PD

06/21/2006

Electronic Signature of Signing Officer or Director

Date