2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# P04000164290

Entity Name: B C PROFESSIONAL GROUP, INC.

Current Principal Place of Business:

411 E. CARLISLE RD.
LAKELAND, FL 33813

New Principal Place of Business:

1441 LONGOAK DRIVE NORTH
LAKELAND, FL 33811

Current Mailing Address:

P O BOX 7371
LAKELAND, FL 33807 US

New Mailing Address:

1441 LONGOAK DRIVE NORTH
LAKELAND, FL 33811 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. CARLISLE RD
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

DUROCHER, GARY M
1441 LONGOAK DRIVE NORTH
LAKELAND, FL 33811 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: GARY M DUROCHER 01/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: VPSD (X) Change ( ) 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: REBECCA A DUROCHER VPSD 01/16/2007
Electronic Signature of Signing Officer or Director Date