2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2008 8:00 am
Secretary of State

05-21-2008 90019 019 ***150.00

DOCUMENT # P07000081985

1. Entity Name
BCL OF ORLANDO, INC.

Principal Place of Business	Mailing Address
2516 JTM INDUSTRIAL DR.	2516 JTM INDUSTRIAL DR.
SUITE 106	SUITE 106
APOPKA, FL 32703	APOPKA, FL 32703

66014804

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2502 JMT Industrial Dr.	2502 JMT Industrial Dr.
Suite, Apt. #, etc.: Unit #108	Suite, Apt. #, etc.: Unit #108
City & State: Apopka, FL	City & State: Apopka, FL
Zip: 32703 Country: USA	Zip: 32703 Country: USA

05192008 Chg-P CR2E034 (12/06)

4. FEI Number: 33-1170721 ☐ 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
CREAMER, STELLA M 725 SAXBY AVENUE ORLANDO, FL 32835	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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CREAMER, STELLA M		NAME	
STREET ADDRESS	725 SAXBY AVENUE		STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL 32835		CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			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: Stella M Creamer   6/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #