2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090316

Entity Name: BCS ESTATES, INC.

Address:

City-St-Zip:

16021 TIMBERWOOD DRIVE

TAMPA, FL 33625

FILED Apr 24, 2009 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place | New Principal Place of Business: | |
|---|--|---------------------|-------------------------|---|--|--|
| 933 HAPP TAMPA, F | | 5 | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| | OAK LANE ARLOTTE, FL | 33948 | US | | | |
| FEI Number | : 26-3480778 | FEI Nu | mber Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address o | Name and Address of New Registered Agent: | |
| 1259 RED | ER, JOHN A OAK LANE ARLOTTE, FL | 33948 | US | | | |
| | named entity e of Florida. | submits t | his statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | | |
| | Electror | nic Signa | ture of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fu | nd Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | S,T (BRUBAKER, JO 1259 RED OAK PORT CHARLO | LANE | 33948 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (BRUBAKER, M 933 HAPPY LA TAMPA, FL 33 | NE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | D () BRUBAKER, TI |) Delete MOTHY J | | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JOHN A BRUBAKER S,T. 04/24/2009