

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000017598

1. Entity Name
BSC, INC.



Principal Place of Business

**255 COREY AVE
ST. PETE BEACH, FL 33706**

Mailing Address

**P O BOX 67128
ST PETE BEACH, FL 33736**

DO NOT WRITE IN THIS SPACE



03242004

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4. FEI Number
59-3222592

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 FEE
JULY 13 2004

6. Name and Address of Current Registered Agent

**SKIPPER, PAUL J
255 COREY AVE
ST. PETE BEACH, FL 33706**

**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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 FEE
JULY 13 2004

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SKIPPER, PAUL J
STREET ADDRESS 255 COREY AVE
CITY - ST - ZIP ST PETE BEACH, FL 33706

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Skipper April 1, 2004

Date

Daytime Phone #