

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90233 037 ***150.00

DOCUMENT # P93000033410 1. Entity Name B. C. L. OF LAKE COUNTY, INC.					
Principal Place of Business 570 GOLDEN GEM DR UMATILLA, FL 32784 US			Mailing Address P O BOX 2250 UMATILLA, FL 32784 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRYAN, RUSSELL G 570 GOLDEN GEM DR P O BOX 2250 UMATILLA, FL 32784				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN, G R		NAME		
STREET ADDRESS	570 GOLDEN GEM DR		STREET ADDRESS		
CITY - ST - ZIP	UMATILLA, FL		CITY - ST - ZIP		
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN, G R		NAME		
STREET ADDRESS	P O BOX 210 N/A		STREET ADDRESS		
CITY - ST - ZIP	UMATILLA, FL 32784		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CADWELL, WELTON G		NAME		
STREET ADDRESS	P O BOX 493 N/A		STREET ADDRESS		
CITY - ST - ZIP	UMATILLA, FL 32784		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>G. Russell Bryan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/28/06		Daytime Phone # 352-668-2571

rm 1120S

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has timely filed

Form 2553 to elect to be an S corporation

See separate instructions.

2002

Department of the Treasury
Internal Revenue Service

40082338

ATTACHMENT

calendar year 2002, or tax year beginning

and ending

Effective date of election
as an S corporation

5/19/93

Business code no.
(see pages 29-31)

424930

Use
IRS
label.
Other-
wise,
print or
type.

Name Number, street, & room or suite no. (If a P.O. box, see page 11 of the instr.)

BCL of Lake County, Inc.

P. O. Box 2250 #P93000833410

City or town, state, and ZIP code

Umatilla

FL 32784

C Employer identification no.

59-3191247

D Date incorporated

5/17/93

E Total assets (see page 11)

\$ 99,614

Check applicable boxes:

(1)

Initial return

(2)

Final return

(3)

Name change

(4)

Address change

(5)

Amended return

Enter number of shareholders in the corporation at end of the tax year

2

Include only trade or business income and expenses on lines 1a through 21. See page 11 of the instructions for more information.

1a	Gross rcpt. or sales	25,200	b	Less rtn. and allowances		c	Bal	1c	25,200
2	Cost of goods sold (Schedule A, line 8)							2	
3	Gross profit. Subtract line 2 from line 1c							3	25,200
4	Net gain (loss) from Form 4797, Part II, line 18 (attach Form 4797)							4	
5	Other income (loss) (attach schedule)							5	
6	Total income (loss). Combine lines 3 through 5							6	25,200
7	Compensation of officers							7	
8	Salaries and wages (less employment credits)							8	
9	Repairs and maintenance							9	
10	Bad debts							10	
11	Rents							11	
12	Taxes and licenses							12	1,609
13	Interest							13	8,368
14a	Depreciation (if required, attach Form 4562)		14a	617					
b	Depreciation claimed on Schedule A and elsewhere on return		14b						
c	Subtract line 14b from line 14a							14c	617
15	Depletion (Do not deduct oil and gas depletion.)							15	
16	Advertising							16	
17	Pension, profit-sharing, etc., plans							17	
18	Employee benefit programs							18	
19	Other deductions (attach schedule)					Stmt 1		19	4,821
20	Total deductions. Add the amounts shown in the far right column for lines 7 through 19							20	15,415
21	Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6							21	9,785
22a	Tax: a Excess net passive income tax (attach sch.)		22a						
b	Tax from Schedule D (Form 1120S)		22b						
c	Add lines 22a and 22b (see page 16 of the instructions for additional taxes)							22c	
23a	Payments: a 2002 estimated tax payments & amount applied from 2001 return		23a						
b	Tax deposited with Form 7004		23b						
c	Credit for Federal tax paid on fuels (attach Form 4136)		23c						
d	Add lines 23a through 23c							23d	
24	Estimated tax penalty. Check if Form 2220 is attached							24	
25	Tax due. If the total of lines 22c and 24 is larger than line 23d, enter amount owed. See page 4 of the instructions for depository method of payment							25	
26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid							26	
27	Enter amount of line 26 you want: Credited to 2003 estimated tax							27	

Sign
here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

May the IRS discuss this rtn. with the preparer shown below (see instr.)? ☒ Yes ☐ No

Title

Preparer's
signature

Date

Check if
self-employed ☐

Preparer's SSN or PTIN

Paid

Preparer's
Use OnlyFirm's name (or yours
if self-employed).

Bowyer & McCullough, P.A.

3/13/03

EIN 59-3454152

address, and ZIP code

2310 S Bay St

32726-6361

Phone no.

352-483-1100

ATTACHMENT -
40082338

B.C.L. OF LAKE COUNTY, INC.

P.O. BOX 2250
UMATILLA, FL 32784-2250

April 28, 2006

Florida Department of State
Division of Corporations
P O Box 1500
Tallahassee, Fl 32302-1500

RE: DOCUMENT #P93000033410

Gentlemen:

It has come to my attention that the Federal ID Number listed on the annual report is incorrect.

The **correct** Federal Identification Number is **59-3191247**. I am enclosing a copy of our U.S. tax return with the correct number. If this is not sufficient for your records, please mail us a form to correct this problem.

Sincerely,

B.C.L. OF LAKE COUNTY, INC.



G. Russell Bryan
President