

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000033410**  
 1. Entity Name  
 B. C. L. OF LAKE COUNTY, INC.



Principal Place of Business      Mailing Address  
 570 GOLDEN GEM DR                  P O BOX 2250  
 UMATILLA, FL 32784    US      UMATILLA, FL 32784    US

**DO NOT WRITE IN THIS SPACE**



04172008    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-3191247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BRYAN, RUSSELL G  
 570 GOLDEN GEM DR  
 P O BOX 2250  
 UMATILLA, FL 32784

**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: *Russell Bryan*      DATE: 4-17-08  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000940879  
 05/28/08-80094-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN, G R 570 GOLDEN GEM DR UMATILLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRYAN, G R P O BOX 210 N/A UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CADWELL, WELTON G P O BOX 493 N/A UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Russell Bryan*      Date: 4-18-08      Overtime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR