

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90106 027 \*\*\*150.00

**44005574**



01232004 Chg-P CR2E034 (10/03)

<b>DOCUMENT-# P93000041424</b>					
<b>1. Entity Name</b> BCDV, INC.					
<b>Principal Place of Business</b> 1380 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919			<b>Mailing Address</b> 1380 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0416137	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DELANS, RONALD 1380 ROYAL PALM SQUARE BLVD FT. MYERS, FL 33919			Name DELANS, RONALD		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
<b>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.</b>					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> V	<b>NAME</b> CAANTHAN, K D		<b>TITLE</b> P	<b>NAME</b>	
<b>STREET ADDRESS</b> 1380 ROYAL PALM SQUARE BLVD	<b>CITY-ST-ZIP</b> FT MYERS, FL		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> S	<b>NAME</b> DELANS, RONALD		<b>TITLE</b> VP	<b>NAME</b>	
<b>STREET ADDRESS</b> 1380 ROYAL PALM SQUARE BLVD	<b>CITY-ST-ZIP</b> FT MYERS, FL		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> T	<b>NAME</b> VANSICKLER, JOEL		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 1380 ROYAL PALM SQUARE BLVD.	<b>CITY-ST-ZIP</b> FT MYERS, FL		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b>			1-23-04 2399390999		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		