2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10262004 Chg-P CR2E034 (10/03)

DOCUMENT # P93000070808

1. Entity Name
BA & AM INVESTMENTS INC.

Principal Place of Business	Mailing Address
15031 SW 136 PL MIAMI, FL	15031 SW 136 PL MIAMI, FL

2. Principal Place of Business		3. Mailing Address	
		5205 WILLOW RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ZIONSVILLE IN	
Zip	Country	Zip 46077	Country USA

4. FEI Number 65-0483026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COY, JUAN C
15031 SW 136 PL
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name: LYNN T. COY
Street Address (P.O. Box Number is Not Acceptable): 15031 SW 136 Pl
City: Miami FL 33186 FL Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COY, JUAN C 11530 NO. MICHIGAN RD ZIONSVILLE, IN 46077	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042363902 11/01/04--01071--011 **61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD COY, LYNN T 11530 NO. MICHIGAN RD ZIONSVILLE, IN 46077	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Lynn T. Coy 5205 Willow Rd Zionsville IN 46077	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] Lynn T Coy Oct 25 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

61.25 Dept of State