

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

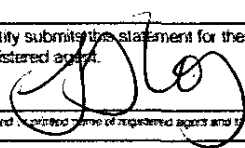
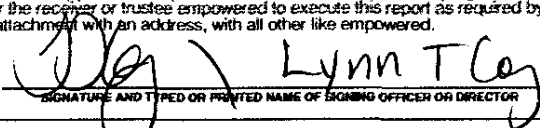
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10282004 Chg-P CR2E034 (10/03)

DOCUMENT # P93000070808					
1. Entity Name BA & AM INVESTMENTS INC.					
Principal Place of Business 15031 SW 136 PL MIAMI, FL			Mailing Address 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 ZIONSVILLE IN			4. FBI Number 65-0483026		
Zip 46077		Country USA		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 LYNN T. COY 15031 SW 136 PL MIAMI FL 33186	
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:  DATE: _____					
Amended AR is \$81.25			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	200042363782 ☐ Change ☐ Addition 11/01/04--01071--011 **\$61.25	
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	PST/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:  DATE: Oct 25 2004					

61.25
Dept of State