

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90015 013 ***150.00

DOCUMENT # P94000023391

1. Entity Name
B & C RECRUITERS, INC.



Principal Place of Business
**2900 COVE CAY DRIVE
SUITE 5-D
CLEARWATER, FL 34620**

Mailing Address
**2900 COVE CAY DRIVE
SUITE 5-D
CLEARWATER, FL 34620**

54016588



2. Principal Place of Business
2900 Cove Cay Drive

3. Mailing Address
2900 Cove Cay Drive

Suite, Apt. #, etc.
Suite 5-D

Suite, Apt. #, etc.
Suite 5-D

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33760

Country
USA

Zip
33760

Country
USA

02272004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3232115

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLDEN, WILLIAM
2900 COVE CAY DRIVE
SUITE 5-D
CLEARWATER, FL 34620**

7. Name and Address of New Registered Agent

Name
Holden, William (same)

Street Address (P.O. Box Number is Not Acceptable)
2900 Cove Cay Drive

Suite 5-D

City
Clearwater, FL

FL

Zip Code
33760

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 *William Holden* **William Holden** x **3/8/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	VSD HOLDEN, WILLIAM 2900 COVE CAY DRIVE, SUITE 5-D CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Holden, William 2900 Cove Cay Drive, Suite 5-D Clearwater, FL 33760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOLDEN, MARY 2900 COVE CAY DRIVE, SUITE 5-D CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Holden, Mary 2900 Cove Cay Drive, Suite 5-D Clearwater, FL 33760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *William Holden* **William Holden** x **3/8/04** (727) 536-2650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR