

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90056 002 ***150.00

DOCUMENT # P95000025198

1. Entity Name
BBTCLA, INC.



Principal Place of Business
150 W BRAMBLETON AVE
NORFOLK, VA 23510 US

Mailing Address
150 W BRAMBLETON AVE
NORFOLK, VA 23510

50006338



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
54-1754617

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	FRIDDELL, GUY R III
STREET ADDRESS	150 W BRAMBLETON AVE
CITY-ST-ZIP	NORFOLK, VA
TITLE	PD
NAME	ANSTROM, J. DECKER
STREET ADDRESS	150 W BRAMBLETON AVE
CITY-ST-ZIP	NORFOLK, VA 23510
TITLE	AS
NAME	GOETZ, SUSAN S
STREET ADDRESS	150 W BRAMBLETON AVE
CITY-ST-ZIP	NORFOLK, VA
TITLE	D
NAME	BATTEN, FRANK JR
STREET ADDRESS	150 W BRANBLATON AVE
CITY-ST-ZIP	NORFOLK, VA 23510
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 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:

Susan S. Goetz *Susan Goetz* *1/14/05* *757-446-2013*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #