


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P95000033142 1. Entity Name BESSEMER FABRIC CO., INC. |  |
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|--|--|
| Principal Place of Business 3 BURLING WAY JACKSONVILLE BEACH, FL 32250 | Mailing Address 3 BURLING WAY JACKSONVILLE BEACH, FL 32250 |
|--|--|

DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3317738 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

SMITH, PARKER B
13000 SAWGRASS VILLAGE CIR
SUITE 16
PONTE VEDRA BEACH, FL 32082

**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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

000000099449
03/31/04-80006-008 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BESSEMER, KAREN 3 BURLING WAY JACKSONVILLE BEACH, FL 32250 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  3/23/04 9042410772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #