

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90040 046 \*\*\*150.00

<b>DOCUMENT # P95000045346</b> 1. Entity Name <b>BNL CORP.</b>			
Principal Place of Business <b>3437 U.S. 98 NORTH LAKELAND, FL 33809</b>		Mailing Address <b>PO BOX 90624 LAKELAND, FL 33804</b>	
2. Principal Place of Business <b>4016 Charlie Taylor Rd</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Plant City, FL</b>		City & State City & State	
Zip <b>33565</b>		Country <b>Hillsborough</b>	
4. FEI Number <b>59-3321188</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROBERT LARGE 3437 US 98 NO LAKELAND, FL 33809</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>4016 Charlie Taylor Rd</b> City <b>Plant City</b> <b>FL</b> Zip Code <b>33565</b>	
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: <u>Robert Large</u> <u>Pres</u> <u>03/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARGE, ROBERT 3437 U.S. 98 NORTH LAKELAND, FL 33809	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARGE, BARBARA N 3437 U.S. 98 NORTH LAKELAND, FL 33809	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARGE, BARBARA N 3437 U.S. 98 NORTH LAKELAND, FL 33809	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Robert Large</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>03/14/05</u> Daytime Phone # <u>707 843/8322</u>	

**50027405**



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