## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 05, 2007 08:00 AM **DOCUMENT # P95000045346 Secretary of State** 1. Entity Name BNL CORP. Principal Place of Business Mailing Address **4016 CHARLIE TAYLOR RD** PO BOX 90624 PLANT CITY, FL 33565 LAKELAND, FL 33804 01192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3321188 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERT LARGE DO NOT WRITE 4016 CHARLIE TAYLOR RD PLANT CITY, FL 33565 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be 000000622495 Trust Fund Contribution. Added to Fees n2713707-80028-007 150.00 OFFICERS AND DIRECTORS 10. LARGE, ROBERT NAME STREET ADDRESS **4016 CHARLIE TAYLOR RD** CITY-ST-ZIP PLANT CITY, FL 33565 TIME LARGE, BARBARA N STREET ADDRESS 4016 CHARLIE RD CITY-ST-ZIP PLANT CITY, FL 33565 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/07

813.707-8431

Deytima Phone #

FILED