2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P95000045346 1. Entity Name 01-25-2008 90036 040 ***150.00 BNL CORP. Principal Place of Business Mailing Address **4016 CHARLIE TAYLOR RD** PO BOX 90624 40010811 PLANT CITY, FL 33565 LAKELAND, FL 33804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3321188 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT LARGE **4016 CHARLIE TAYLOR RD** Street Address (P.O. Box Number is Not Acceptable) PLANT CITY, FL 33565 City Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition LARGE ROBERT NAME STREET ADDRESS 4016 CHARLIE TAYLOR RD STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33565 CITY-ST-ZIF TITLE Delete TITLE La Change ☐ Addition Large Barbara N 4016 Charlie Taylor Rd LARGE, BARBARA N NAME STREET ADDRESS 4016 CHARLIE RD STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33565 CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Спалое ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TELF ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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.

FILED

Jan 25, 2008 8:00 am