

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000064320

1. Entity Name
BC INDUSTRIES, INC.



Principal Place of Business
**2345 NE 4TH AVE
BOCA RATON 33 33431 US**

Mailing Address
**2345 NE 4TH AVE
BOCA RATON 33 33431 US**

DO NOT WRITE IN THIS SPACE



01042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0616522	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MOORMAN, BRUCE A
52345 NE 4TH AVE
BOCA RATON, FL 33431**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORMAN, CHRISTINE M 2345 NE 4TH AVE BOCA RATON, 33 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOUTHARDS, GEORGE JR 470 NE 37TH STREET BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HURON, SCOTT 461 NW 14TH AVE BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORMAN, BRUCE 2345 NE 4TH AVE BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/26/04-80022-001 150.00

**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)(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: Christine M Moorman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-04 501-391-5147