


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90211 007 ***158.75

DOCUMENT # P95000096554 1. Entity Name BA CONSULTING AND DEVELOPMENT, INC.			
Principal Place of Business 13698 BROMLEY PT. DR. JACKSONVILLE, FL 32225		Mailing Address 13698 BROMLEY PT. DR. JACKSONVILLE, FL 32225	
2. Principal Place of Business 645 Mayport Rd Suite 3A Atlantic Beach, FL 32233 USA		3. Mailing Address 645 Mayport Rd Suite 3A Atlantic Beach, FL 32233 USA	
4. FEI Number 59-3363018		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04192005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ALLIGOOD, BOB 13698 BROMLEY PT DR JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box numbers not acceptable) _____ City _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLIGOOD, BOB 13698 BROMLEY PT. DR. JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	<input 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, without other like empowered.			
SIGNATURE: <i>Bob Alligood</i>		Date: 04/19/05 Daytime Phone #: 904-241-4619	