

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000013873

Entity Name: B & C MANAGEMENT, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

30003 SW MARTIN HWY
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

30003 SW MARTIN HWY
OKEECHOBEE, FL 34974 US

Current Mailing Address:

P O BOX 396
LOXAHATCHEE, FL 33470 US

New Mailing Address:

30003 S.W. MARTIN HWY.
OKEECHOBEE, FL 34974 US

FEI Number: 65-0648425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, BRUCE
30003 SW MARTIN HWY
OKEECHOBEE, FL 34972

Name and Address of New Registered Agent:

CARTER, BRUCE
30003 SW MARTIN HWY
OKEECHOBEE, FL 34974

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.

SIGNATURE:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CARTER, BRUCE
Address: PO BOX 396
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: CARTER, BRUCE
Address: 30003 S.W. MARTIN HWY.
City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE C. CARTER

DPT

04/30/2004

Electronic Signature of Signing Officer or Director

Date