

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90987 028 ***150.00

DOCUMENT # P96000078227

1. Entity Name
BFOL, INC.



Principal Place of Business

**6655 GARDEN ROAD
RIVIERA BEACH, FL 33404 US**

Mailing Address

**C/O ALFRED DEMOTT
6655 GARDEN RD
RIVIERA BCH, FL 33404 US**

94067073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0705852

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'ANGIO, ROBERT A JR
685 ROYAL PALM BEACH BLVD
SUITE 105
ROYAL PALM BEACH, FL 33411**

Name
VINU ABRAHAM

Street Address (P.O. Box Number is Not Acceptable)

147 CYPRESS COVE

City
JUPITER

FL

Zip Code
33458

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

**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 ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, MILTON L**
CITY-ST-ZIP **7006 68TH ST
LUBBOCK, TX 79424**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MINOR, JOSEPH E**
CITY-ST-ZIP **P O BOX 603 N/A
ROCKPORT, TX 78381**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NORVILLE, H. SCOTT**
CITY-ST-ZIP **8107 FLINT AVE
LUBBOCK, TX 79424**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BEERS, PAUL E**
CITY-ST-ZIP **5795 FLAT ROCK RIDGE RD
BLAIRSVILLE, GA 30512**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **ABRAHAM, VINU J**
CITY-ST-ZIP **147 CYPRESS COVE
JUPITER, FL 33458**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **MINOR, JOSEPH E**
CITY-ST-ZIP **712 WATER WOOD STREET
ROCKPORT, TX 78382**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **NORVILLE, H. SCOTT**
CITY-ST-ZIP **3123 19TH STREET
LUBBOCK, TX 79410**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **BEERS, PAUL E**
CITY-ST-ZIP **141 RIVINIA DRIVE
JUPITER, FL 33458**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #