

\$150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

2. Principal Place of Business

3. Mailing Address

6655 Garden Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Riviera Bch, FL

Zip

Country

Zip

Country

33404

US

01072005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0705852

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, VINU
147 CYPRESS COVE
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name

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

City

FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE D ☐ Delete
NAME MINOR, JOSEPH E
STREET ADDRESS 712 WATER WOOD ST.
CITY-ST-ZIP ROCKPORT, TX 78382

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

TITLE D ☐ Delete
NAME BEERS, PAUL E
STREET ADDRESS 141 RIVINIA DR.
CITY-ST-ZIP JUPITER, FL 33458

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300049681423
04/01/05--01064--003 **200.00

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

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

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 #