

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90008 016 ***150.00

DOCUMENT # P96000103313

1. Entity Name

BTDI INVESTMENTS, INC.



Principal Place of Business

4621 SOUTH ATLANTIC AVENUE
7101
PONCE INLET FL 32127
US

Mailing Address

P.O. BOX 291038
PORT ORANGE FL 32129
US

2. Principal Place of Business

1339 Coconut Palm Circle
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Zip

Country

32128

Country

USA

4. FEI Number

59-3426405

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, HARRIETTE
4621 S ATLANTIC AVE
7101
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

Name Harriette Wilson

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

1339 Coconut Palm Circle

City

Port Orange

FL

Zip Code

32128

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

Harriette Wilson Harriette Wilson

2/27/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, HARRIETTE	
STREET ADDRESS	4621 S ATLANTIC AVE 7101	1339 Coconut Palm Circle
CITY-ST-ZIP	PONCE INLET FL 32127	Port Orange, FL 32128
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON, EARL	
STREET ADDRESS	4621 S ATLANTIC AVE 7101	1339 Coconut Palm Circle
CITY-ST-ZIP	PONCE INLET FL 32127	Port Orange, FL 32128
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Harriette Wilson Harriette Wilson

2/27/04

386 304 876 6

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #