

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90515 040 ***150.00

DOCUMENT # P97000026897



1. Entity Name
BKRY OF ARCADIA, INC.

Principal Place of Business
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Mailing Address
NAVIGANT CONSULTING
TWO NORTH CHARLES STREET, SUITE 400
BALTIMORE, MD 21201

50045261



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Penta Advisory Services, LLC
Two North Charles Street
Suite 400
Baltimore, Maryland 21201

04272005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
65-0725968

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CROD
GOLDSTEIN, CHARLES R
NAVIGANT CONSULT-2 N. CHARLES ST, STE 400
DURHAM, NC 27705 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CRO, Director
Charles R. Goldstein
Penta Advisory Services, LLC
Two North Charles Street-Suite 400
Baltimore, Maryland 21201 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

James C. Holman
SIGNATURE AND TYPED OR PRINT

James C. Holman, Attorney/Authorized Rep. April 28, 2005 410-347-8790