### 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

#### **DOCUMENT # P97000046639**

1. Entity Name

BPL MAITLAND CONCOURSE, INC.



Principal Place of Business

Mailing Address

250 SOUTH PARK AVENUE STE 630

WINTER PARK, FL 32789

PO BOX 3010 WINTER PARK, FL 32790-3010 US

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

05-02-2005 90452 049 \*\*\*150.00



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

04262005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number

59-3450321 5. Certificate of Status Desired

Not Applicable \$8.75 Additional

Fee Required

BATTAGLIA, W. P. 250 SOUTH PARK AVENUE **STE 630** WINTER PARK, FL 32789

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 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   |   |       |               |                                |           |
| FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.   |   |       | ncing         | \$5.00 May Be<br>Added to Fees |           |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | OFFICERS AND DIRECT VPSD BATTAGLIA, R. E. PO BOX 3010 WINTER PARK, FL 32790 PTD | CTORS |               |                                |           |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | BATTAGLIA, W. P.<br>PO BOX 3010<br>WINTER PARK, FL 32790                        |       |               |                                |           |
| TITLE<br>NAME<br>Street adoress<br>City-St-Zip  | AS BUTTS, ANSLEY B PO BOX 3010 WINTER PARK, FL 32790  DO NOT WRITE              |       |               |                                | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |       | IN THIS SPACE |                                |           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |       |               |                                |           |
| TITLE 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. |   |       |               |                                |           |

W.P. Battaglia, President

4/27/05

Date

407-622-1700

Daytime Phone #