


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 038 ***150.00

DOCUMENT # P97000046639 1. Entity Name BPL MAITLAND CONCOURSE, INC.					
Principal Place of Business 250 SOUTH PARK AVENUE STE 630 WINTER PARK, FL 32789			Mailing Address PO BOX 3010 WINTER PARK, FL 32790-3010 US		
2. Principal Place of Business 250 Park Avenue South		3. Mailing Address Suite, Apt. #, etc. Suite 630			
City & State Winter Park, FL		City & State Winter Park, FL			
Zip 32789		Country USA		4. FEI Number 59-3450321	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BATTAGLIA, W. P. 250 SOUTH PARK AVENUE STE 630 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name W.P. Battaglia Street Address (P.O. Box Number is Not Acceptable) 250 Park Avenue South Suite 630 City Winter Park FL Zip Code 32789		
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 <u>W.P. Battaglia</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/24/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP BATTAGLIA, R. E. PO BOX 3010 WINTER PARK, FL 32790	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BATTAGLIA, W. P. PO BOX 3010 WINTER PARK, FL 32790	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUTTS, ANSLEY B PO BOX 3010 WINTER PARK, FL 32790	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>W.P. Battaglia</u> Date <u>4/24/06</u> Daytime Phone # <u>407-622-1700</u>		