


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000076577	
1. Entity Name BDC CRYSTAL COVE, INC.	

Principal Place of Business 401 W COLONIAL DR SUITE 7 ORLANDO, FL 32804	Mailing Address 401 W COLONIAL DR SUITE 7 ORLANDO, FL 32804
--	--



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3469134	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent MCARTHUR, WILLIAM H 401 W COLONIAL DR SUITE 7 ORLANDO, FL 32804	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACARTHUR, WILLIAM H 401 W COLONIAL DR SUITE 7 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FANT, JAMES H 401 W COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST CONANT, ELIZABETH S 401 W COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000058615
02/20/04-80045-015 150.00

DO NOT WRITE IN THIS SPACE

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: Liz Conant 2/17/04 407-425-8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #