## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 14, 2004 8:00 am Secretary of State DOCUMENT # P97000085235 04-14-2004 90057 027 \*\*\*150.00 B.H. COURTNEY, INC. Principal Place of Business Mailing Address 6108 26TH STREET WEST 6108 26TH STREET WEST SUITE 2 **BRADENTON FL 34207** BRADENTON FL 34207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0794463 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAY, RICHARD B -- - -Street Address (P.O. Box Number is Not Acceptable) 6108 26TH STREET WEST SUITE 2 BRADENTON FL 34207 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 of printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State r: , OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAY, RICHARD B NAME NAME 6108 26TH STREET W. SUITE 2 STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIP STD Delete Change ☐ Addition TIME DITE NAME GIROUX, H.L. NAME 6108 26TH STREET WEST, SUITE 4 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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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. , G 1 ROUX 4-10-04 941-355-1965

\*\*DRECTOR\*\*

Date Daytime Phone \*\* SIGNATURE/ E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIF

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CITY-ST-ZIP