## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \_

## Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P98000014789** 1. Entity Name 04-19-2004 90241 040 \*\*\*150.00 B & N, INC. Principal Place of Business Mailing Address 990 JASMINE STREET -990-JASMINE-STREET 54035211 NORTH FORT MVERS #1 33903 NORTH FORT MYERS: FL-33903 Principal Place of Business 42 N.E. 94/2 Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) 4. FE! Number Applied For 65-0814065 Not Applicable 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 WATTS, WILLIAM Y 990 JASMINE STREET NORTH FORT MYERS, FL 33903 Street Address (P.O. Box Number is Not Acceptable) 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. WATTS William ☐ Delete TITLE TITLE WATTS, WILLIAM Y NAME NAME 1942 NE GTY STREET ADORESS 990 JASMINE STREET STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS, FL 33903 CITY-ST-ZIP D TITLE ☐ Delete TITLE SMALLS, NOVIA NAME NAME STREET ADORESS 990 JASMINE STREET STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS, FL 33903 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete me HAME NAME .... STREET ADDRESS STREET ADDRESS . . CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . ☐ Addillion TITLE ☐ Delete TITLE Change MIÑE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12 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.

FILED