



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91224 021 \*\*\*150.00

<b>DOCUMENT # P98000057514</b> 1. Entity Name <b>BCK BUSINESS MANAGEMENT SERVICES, INC.</b>					
Principal Place of Business 354 CYPRESS DR. STE. 4 TEQUESTA, FL 33469			Mailing Address 354 CYPRESS DR. STE. 4 TEQUESTA, FL 33469		
2. Principal Place of Business Suite, Apt. #, etc. <b>P.O. Box 8455</b> City & State <b>Jupiter FL</b> Zip <b>33468</b>		3. Mailing Address Suite, Apt. #, etc. <b>P.O. Box 8455</b> City & State <b>Jupiter FL</b> Zip <b>33468</b>			
4. FEI Number <b>65-0856589</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				04302004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>TEASLEY, STEPHANIE</b> <b>801 MAPLEWOOD DR., STE. 10</b> <b>JUPITER, FL 33458</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>12130 187th PL N.</b> City <b>Jupiter</b> <b>FL</b> Zip Code <b>33478</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PT TEASLEY, STEPHANIE 354 CYPRESS DR. #4 TEQUESTA, FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 8455 Jupiter FL 33468	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TEASLEY, JOHN H 354 CYPRESS DR. #4 TEQUESTA, FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP P.O. Box 8455 Jupiter FL 33468	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary SCARLE VAUGHAN P.O. Box 8455 Jupiter, FL 33468		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Stephanie B Teasley</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-30-04</b> <b>561/745-8421</b> <small>Date Daytime Phone #</small>		