

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077801

FILED  
Jan 22, 2004  
Secretary of State

Entity Name: BAR CODE EQUIPMENT SERVICE, INC.

## Current Principal Place of Business:

315 3RD AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

315 3RD AVENUE NORTH  
JACKSONVILLE BEACH, FL 322505601

## Current Mailing Address:

315 3RD AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

## New Mailing Address:

FEI Number: 59-3531935      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSE, BOBBY B SR.  
315 3RD AVENUE NORTH  
JACKSONVILLE BEACH, FL 32250

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROSE, BOBBY B SR.  
Address: 315 3RD AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: ROSE, MAUDEANNA A  
Address: 315 3RD AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: ROSE, BOBBY B SR.  
Address: 315 3RD AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP (X) Change ( ) Addition  
Name: ROSE, MAUDEANNA A  
Address: 315 3RD AVENUE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. A. ROSE

VP

01/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date