## 2004 FOR PROFIT CORPORATION

## Apr 07, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P9900005767 04-07-2004 90037 037 \*\*\*150.00 B & J ENTERPRISES OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 1011 SEAWAY DR 1011 SEAWAY DR 54027464 FORT PIERCE, FL 34949 FORT PIERCE, FL 34949 03262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0894648 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, BRENDA E DO NOT WRITE 1011 SWAWAY DRIVE FORT PIERCE, FL 34949 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS'\$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE JOHNSON, BRENDA NAME STREET ADDRESS 1011 SEAWAY DR FORT PIERCE, FL 34949 TITLE ROTH, JAMES NAME STREET ADDRESS 1011 SEAWAY DR CITY-ST-ZIP FORT PIERCE, FL 34949 THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

A60-22 10

**FILED**