

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000038211

1. Entity Name

BC ENTERPRISES OF SEMINOLE, INC.



Principal Place of Business

172 NORTH US HWY 17-92
SANFORD FL 32750

Mailing Address

172 NORTH US HWY 17-92
SANFORD FL 32750

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3513250

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, W. JEFFRY
1420 ALAFAYA TRAIL
SUITE 101
OVIEDO FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BROWN, PATRICIA
172 N. HWY 17-92
LONGWOOD FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U000000695849
04/17/07-80076-017 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
CHESSEY, BETTY L
172 N HWY 17-92
LONGWOOD FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: Betty L. Chessier BETTY L. CHESSEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07 407 260 1199

Date

Daytime Phone #