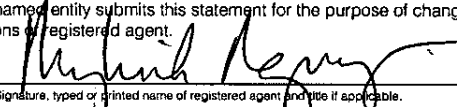
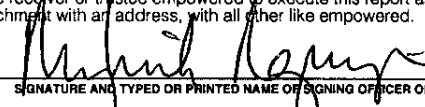


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90310 005 ***150.00

DOCUMENT # P99000102253 1. Entity Name B & N OF PANAMA CITY, INC.					
Principal Place of Business 3005 E. 11TH COURT PANAMA CITY, FL 32401			Mailing Address 3005 E. 11TH COURT PANAMA CITY, FL 32401		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3014 E. 1st Court Suite, Apt. #, etc.			
City & State Zip Country		City & State Panama City, FL Zip Country 32401		4. FEI Number 58-2515351	
5. Certificate of Status Desired ☐		Applied For Not Applicable			
6. Name and Address of Current Registered Agent NGUYEN, BUI VAN 3005 E. 11TH COURT PANAMA CITY, FL 32401					
7. Name and Address of New Registered Agent Name MYLINH NGUYEN Street Address (P.O. Box Number is Not Acceptable) 1501 Thurso Road City State Zip Code Lynn Haven, FL 32444					
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:  DATE: 4/29/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 NGUYEN, BUI VAN ☐ Delete 3005 E. 11TH COURT PANAMA CITY, FL 32401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NGUYEN BUI VAN ☐ Change ☐ Addition 3014 E. 1st Court Panama City, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, MYLINH ☐ Delete 1501 THURSO CIRCLE LYNN HAVEN, FL 32444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS NGUYEN MYLINH ☐ Change ☐ Addition 1501 Thurso Road Lynn Haven, FL 32444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.					
SIGNATURE:  Date: 4/29/04 Daytime Phone #: 850-747-9885 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					