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	Mailing Address
3005 E. 11TH COURT PANAMA CITY, FL 32401	3005 E. 11TH COURT PANAMA CITY, FL 32401

04202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	3014 E. 1st Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Panama City, FL
Zip / Country	Zip: 32401 / Country

4. FEI Number: 58-2515351 ☐ 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
NGUYEN, BUI VAN 3005 E. 11TH COURT PANAMA CITY, FL 32401	Name: MYLINH NGUYEN Street Address (P.O. Box Number is Not Acceptable): 1501 Thurso Road City: Lynn Haven, FL Zip Code: 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: [signature] 4/29/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	D NGUYEN, BUI VAN 3005 E. 11TH COURT PANAMA CITY, FL 32401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NGUYEN BUI VAN 3014 E. 1st Court Panama City, FL 32401 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, MYLINH 1501 THURSO CIRCLE LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS NGUYEN MYLINH 1501 Thurso Road Lynn Haven, FL 32444 ☐ 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
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: [signature] 4/29/04 850-747-9385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #