



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90555 011 \*\*\*150.00

<b>DOCUMENT # S10599</b> 1. Entity Name <b>B &amp; L RESIDENTIAL DEVELOPMENT, INC.</b>					
Principal Place of Business <b>B&amp;L RESIDENTIAL DEV INC. 8121 RICH RD N FT MYERS FL 33917 US</b>			Mailing Address <b>B&amp;L RESIDENTIAL DEV. INC 8121 RICH RD N FT MYERS FL 33917 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>65-0242924</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LOPEZ, LOUIS R 8121 RICH ROAD N FT MYERS FL 33917</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOPEZ, BARBARA</b>		NAME		
STREET ADDRESS	<b>8121 RICH RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS FL 33917</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOPEZ, LOUIS R</b>		NAME		
STREET ADDRESS	<b>8121 RICH ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS FL 33917</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOPEZ, LOUIS J</b>		NAME		
STREET ADDRESS	<b>8121 RICH ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT MYERS FL 33917</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			Date <b>4-21-04</b> Daytime Phone # <b>239-731-7557</b> <b>CR# 1160 1501</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment # 510599

Send this card to magazines, businesses, friends and family to let them know you've moved.

Please send mail to my new address starting: 4 / 21 / 04  
Month Day Year

My Name: B+L Residential Dev Inc  
8121 Rich Rd

Old Address: N FT Myers FL 33917  
STREET OR PO BOX APT/SUITE #

CITY OR POST OFFICE STATE ZIP+4

New Address:

P.O. Box 4697  
STREET OR PO BOX APT/SUITE #  
N FT Myers FL 33918-4697  
CITY OR POST OFFICE STATE ZIP+4



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store nearest  
you call  
1-800-44-LOWES.

Send this card to magazines, businesses, friends and family to let them know you've moved.

Please send mail to my new address starting: \_\_\_ / \_\_\_ / \_\_\_  
Month Day Year

My Name: Always Be Cool Inc  
8121 Rich Rd

Old Address: N FT. MYERS FL 33917  
STREET OR PO BOX APT/SUITE #

CITY OR POST OFFICE STATE ZIP+4

New Address:

P.O. Box 4697  
STREET OR PO BOX APT/SUITE #  
N FT. MYERS FL 33918-4697  
CITY OR POST OFFICE STATE ZIP+4



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