

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S67930	
1. Entity Name BSA CORPORATION	

Principal Place of Business 9 NE 2ND ST DELRAY BEACH, FL 33444 US	Mailing Address 9 NE 2ND ST DELRAY BEACH, FL 33444 US
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DO NOT WRITE IN THIS SPACE



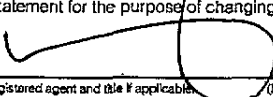
02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0272751	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRANNING, WILLIAM C. 9 NE 2ND ST DELRAY BEACH, FL 33444

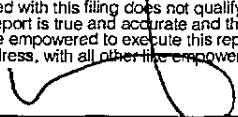
DO NOT WRITE IN THIS SPACE

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 Florida. I am familiar with, and accept the obligations of registered agent.	SIGNATURE  (NOTE: Registered Agent signature required when reinstating)	DATE 4-29-04
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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	U000000154764 05/05/04-80010-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANNING, WILLIAM C 9 NE 2ND ST DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRANNING, TRACY L 9 NE 2ND ST DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 officers empowered.	SIGNATURE:  (NOTE: Signature and typed or printed name of signing officer or director)	DATE 4.29.04
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