

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90026 038 ***150.00

DOCUMENT # V73203

1. Entity Name

B & D LONG INC.



Principal Place of Business

LAKE MARY SHELL
175 INTERNATIONAL PKWY.
LAKE MARY FL 32746-5007
US

Mailing Address

LAKE MARY SHELL
175 INTERNATIONAL PKWY.
LAKE MARY FL 32746-5007
US

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

59-3147201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, DAVID
123 RIDGEWOOD DR.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name **David B. Long Jr.** **ADDRESS CHANGE ONLY**
Street Address (P.O. Box Number is Not Acceptable)
416 W. Lakeview Ave
City **Lake Mary** **FL** Zip Code **32746**

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LONG, DAVID B JR.**
STREET ADDRESS **123 RIDGEWOOD DR.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **S** ☐ Delete
NAME **LONG, BEVERLY**
STREET ADDRESS **123 RIDGEWOOD DR.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** **ADDRESS CHANGE** ☒ Change ☐ Addition
NAME **David B. Long Jr.**
STREET ADDRESS **416 W. Lakeview Ave**
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **S** **ADDRESS CHANGE** ☒ Change ☐ Addition
NAME **Beverly Long**
STREET ADDRESS **416 W. Lakeview Ave**
CITY-ST-ZIP **Lake Mary, FL 32746**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: **Beverly Long**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/18/05** Daytime Phone # **407-333-2620**