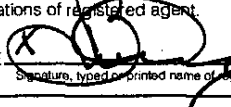


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90041 004 ***150.00

DOCUMENT # H97272					
1. Entity Name BAM-B ENTERPRISES OF CENTRAL FLORIDA, INC.					
Principal Place of Business 221-A E. MAIN ST APOPKA, FL 32703			Mailing Address 221-A E. MAIN ST APOPKA, FL 32703		
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 59-2599672	
5. Certificate of Status Desired ☐				Applied For ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLEGROE, ROBERT J. 221-A E. MAIN ST APOPKA, FL 32703			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: 			Robert Allegroe, President		1/29/04
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	PD ALLEGROE, ROBERT J. 10521 DOWN LAKEVIEW CIR WINDERMERE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEGROE, ROBERT J. 2430 SWEETWATER COUNTRY CLUB APOPKA, FL 32712 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALLEGROE, BARBARA H. 10521 DOWN LAKEVIEW CIR WINDERMERE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALLEGROE, BARBARA H. 2430 SWEETWATER COUNTRY CLUB APOPKA, FL 32712 ☒ 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: 			Robert Allegroe, President		1/29/04 407-884-7777
Signature and typed or printed name of signing officer or director			Date		Daytime Phone #

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