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	Mailing Address
221-A E. MAIN ST APOPKA, FL 32703	221-A E. MAIN ST APOPKA, FL 32703

04000747

01282004 Chg-P CR2E034 (10/03)

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 ☐ 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
~~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 X [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	PD	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	ALLEGROE, ROBERT J.		NAME	ALLEGROE, ROBERT J.	
STREET ADDRESS	10521 DOWN LAKEVIEW CIR		STREET ADDRESS	2430 SWEETWATER COUNTRY CLUB	
CITY-ST-ZIP	WINDERMERE, FL		CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	STD	☐ Delete	TITLE	STD	☑ Change ☐ Addition
NAME	ALLEGROE, BARBARA H.		NAME	ALLEGROE, BARBARA H.	
STREET ADDRESS	10521 DOWN LAKEVIEW CIR		STREET ADDRESS	2430 SWEETWATER COUNTRY CLUB	
CITY-ST-ZIP	WINDERMERE, FL		CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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.

SIGNATURE: X [signature] Robert Allegroe, President 1/29/04 407-884-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #