## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # M78125

1. Entity Name

B & H PROPERTY MANAGEMENT, INC.



FILED
May 04, 2006 08:00 Al
Secretary of State

Principal Place of Business

% VASANT P. BHIDE 1329 KINGSLEY AVE. #C ORANGE PARK, FL 32073-4530 Mailing Address

% VASANT P. BHIDE 1329 KINGSLEY AVE. #C ORANGE PARK, FL 32073-4530



04142006	No Chg-P	CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2887455 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BHIDE, VASANT P. DO NOT WRITE 1329 KINGSLEY AVE. IN THIS SPACE ORANGE PARK, FL 32073 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, Registored Agent algorature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campalon Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TILE BHIDE, CAROL C. NAME STREET ADDRESS 1329 KINGSLEY AVE #C U00000565557 ORANGE PARK, FL CITY-ST-ZIP 05/22/06-80001-021 150.00 TITLE NAME BHIDE, VASANT P. STREET ADDRESS 1329 KIGNSLEY AVE. C CITY-ST-202 ORANGE PARK, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP

HIGHATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone #