


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90411 015 ***150.00

DOCUMENT # P94000033774

1. Entity Name
B & E HOUCK ENTERPRISES, INC.



Principal Place of Business
**2982 CURTIS KING BLVD
 FORT PIERCE, FL 34946**

Mailing Address
**2982 CURTIS KING BLVD
 FORT PIERCE, FL 34946**



2. Principal Place of Business - No P.O. Box #
17 HARBOR ISLE DR W - PH03

3. Mailing Address
17 HARBOR ISLE DR W - PH03

Suite, Apt. #, etc.

03312008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0454436

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
FORT PIERCE, FL

City & State
FORT PIERCE, FL

Zip Country
34949

Zip Country
34949

6. Name and Address of Current Registered Agent

**HOUCK, ERROL
 2982 CURTIS KING BLVD.
 FORT PIERCE, FL 34946**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17 HARBOR ISLE DR W - PH03

City **FORT PIERCE** State **FL** Zip Code **34949**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUCK, BARBARA J 2982 CURTIS KING BLVD. FORT PIERCE, FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOUCK, ERROL 2982 CURTIS KING BLVD. FORT PIERCE, FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOUCK, ADAM 2982 CURTIS KING BLVD FORT PIERCE, FL 34946	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 HARBOR ISLE DR W - PH03 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	17 HARBOR ISLE DR W - PH03 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5514 EAGLE DRIVE FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara J. Houck **4/24/08** **410 827 5477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #