


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90074 031 \*\*\*150.00

**DOCUMENT # P97000000999**

1. Entity Name  
**B & E HOLDINGS OF NORTHWEST FLORIDA, INC.**



Principal Place of Business      Mailing Address

**10 Gilmore Drive**      **10 Gilmore Drive**  
**Gulf Breeze, FL 32561**      **Gulf Breeze, FL 32561**

2. Principal Place of Business      3. Mailing Address

**10 Gilmore Dr**      **10 Gilmore Dr.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Gulf Breeze, FL**      **Gulf Breeze, FL**

Zip      Country      Zip      Country

**32561**           **32561**           **32561**           **32561**

03282004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-3427678**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

Name  
**Gray, Edward, M., III**  
**10 Gilmore Drive**  
**Gulf Breeze, FL 32561**

**7. Name and Address of New Registered Agent**

Name  
**ED GRAY III**

Street Address (P.O. Box Number is Not Acceptable)  
**10 Gilmore Dr.**

City      State      Zip Code  
**Gulf Breeze**      **FL**      **32561**

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: *Ed Gray III*      DATE: **4-2-04**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	Gray, Edward, M., III	10 Gilmore Drive	Gulf Breeze, FL 32561	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**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
P	Gray, Edward	10 Gilmore Dr	Gulf Breeze, FL 32561	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Ed Gray III*      DATE: **4-2-04**      DAYTIME PHONE #: **850-916 5420**

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