


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 234030</b> 1. Entity Name BAHAMA EQUIPMENT CO	
---	---

Principal Place of Business 1400 ALABAMA AVE STE 19 W PALM BCH, FL 33401 US	Mailing Address 1400 ALABAMA AVE STE 19 W PALM BCH, FL 33401 US
--	--



03162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0152705	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

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

BURKHARDT, VINCENT G. 1400 ALABAMA AVE STE 20 WEST PALM BEACH, FL 33402	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURKHARDT, VINCENT G. 1400 ALABAMA AVE STE 20 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURKHARDT, SHARON H 1400 ALABAMA AVE., #20 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAYNES, DENNIS 1400 ALABAMA AVENUE #20 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000270365  
03/21/05-80004-011 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:** Sharon H. Burkhardt, Sharon H. Burkhardt 03/16/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date 03/16/05 Daytime Phone #