


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # 234030	
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
---	---

DO NOT WRITE IN THIS SPACE

04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0152705	Applied For <input type="checkbox"/> 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**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	

**DO NOT WRITE
IN THIS SPACE**

000000723455
05/02/07-80073-004 158.75

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: *Sharon H Burkhardt, President* 04/18/07 561-659-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Sharon H Burkhardt* Daytime Phone #