

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90101 026 \*\*\*158.75

**DOCUMENT # 234030**

1. Entity Name  
**BAHAMA EQUIPMENT CO**



Principal Place of Business

**1400 ALABAMA AVE  
STE 19 20  
W PALM BCH, FL 33401 US**

Mailing Address

**1400 ALABAMA AVE  
STE 19 20  
W PALM BCH, FL 33401 US**

**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0152705**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$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  
33401**

**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

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

**DO NOT WRITE  
IN THIS SPACE**

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:

*Vincent G. Burkhardt, V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08  
Date

561-659-1400  
Daytime Phone #