

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 437132**

1. Entity Name

**BANDY ENTERPRISES, INC.**



Principal Place of Business

116 N. SEAWALLS PT. RD.  
STUART FL 34996  
US

Mailing Address

116 N. SEAWALLS PT. RD.  
STUART FL 34996  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1487851**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BESSEMER, W, K  
1103 TILTON RD  
PT ST LUCIE FL 34952**

Name

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

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **BESSEMER, WM. J.**  
CITY - ST - ZIP **116 N. SEAWALLS PT. RD  
STUART FL**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **BESSEMER, MAXINE**  
CITY - ST - ZIP **116 SEAWALLS PT RD.  
STUART FL**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TILTON, C. NORRIS**  
CITY - ST - ZIP **155 RIVER COURT  
JENSEN BEACH FL**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BESSEMER, WM. J.**  
CITY - ST - ZIP **116 N SEAWALLS PT RW  
STUART FL 34996**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **BESSEMER, WM K.**  
CITY - ST - ZIP **1003 TILTON RD.  
PT. ST. LUCIE FL**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **KIRKBRIDE, TAMARA A**  
CITY - ST - ZIP **116 N SEAWALLS PT RW  
STUART FL 34996**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**U00000036681  
02/06/04-80069-008 150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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: *W. Kim Bessemer* **Kim Bessemer** 2/4/2004 772-2207244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #