

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 437132</b>                         |  |
| 1. Entity Name<br><b>BANDY ENTERPRISES, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>116 N. SEAWALLS PT. RD.<br/>STUART FL 34996<br/>US</b> | Mailing Address<br><b>116 N. SEAWALLS PT. RD.<br/>STUART FL 34996<br/>US</b> |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



1st MOORE CR2E034 (10/04)

|  |                                    |
|--|------------------------------------|
| 4. FEI Number<br><b>59-1487851</b>   | Applied For<br>Not Applicable      |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional<br>Fees Required |
| 6. Name and Address of Current Registered Agent<br><b>BESSEMER, W, K<br/>1103 TILTON RD<br/>PT ST LUCIE FL 34952</b> |                                    |
| 7. Name and Address of New Registered Agent  |                                    |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May 2<br>Added to Fees |
|---|---|

|                            |                                   |   |   |
|----------------------------|-----------------------------------|---|---|
| 10. OFFICERS AND DIRECTORS |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE                      | P <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BESSEMER, WM. J.                  | NAME  |   |
| STREET ADDRESS             | 116 N. SEAWALLS PT. RD            | STREET ADDRESS  |   |
| CITY-ST-ZIP                | STUART FL                         | CITY-ST-ZIP   |   |
| TITLE                      | V <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BESSEMER, MAXINE                  | NAME  |   |
| STREET ADDRESS             | 116 SEAWALLS PT RD.               | STREET ADDRESS  |   |
| CITY-ST-ZIP                | STUART FL                         | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TILTON, C. NORRIS                 | NAME  |   |
| STREET ADDRESS             | 155 RIVER COURT                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | JENSEN BEACH FL                   | CITY-ST-ZIP   |   |
| TITLE                      | D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BESSEMER, WM. J.                  | NAME  |   |
| STREET ADDRESS             | 116 N SEAWALLS PT RW              | STREET ADDRESS  |   |
| CITY-ST-ZIP                | STUART FL 34996                   | CITY-ST-ZIP   |   |
| TITLE                      | S <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BESSEMER, WM K.                   | NAME  |   |
| STREET ADDRESS             | 1003 TILTON RD.                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PT. ST. LUCIE FL                  | CITY-ST-ZIP   |   |
| TITLE                      | T <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KIRKBRIDE, TAMARA A               | NAME  |   |
| STREET ADDRESS             | 116 N SEAWALLS PT RW              | STREET ADDRESS  |   |
| CITY-ST-ZIP                | STUART FL 34996                   | 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)(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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *W. J. Bessemer* 1/20/2005 772-220-121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #