

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 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**

**DO NOT WRITE IN THIS SPACE**



03112008 No Chg-P CR2E034 (11/05)

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

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

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

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

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

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

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

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

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04/01/08-80024-021 150.00

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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:

*Kim Bessemer* **Kim Bessemer** 3/11/08 772-220-1244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #