

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90094 034 \*\*\*150.00



**DOCUMENT # 477092**

1. Entity Name

**BHK, INCORPORATED**

Principal Place of Business

1324 S. MAIN STREET  
 BELLE GLADE FL 33430  
 US

Mailing Address

1234 S. MAIN STREET  
 BELLE GLADE FL 33430  
 US

2. Principal Place of Business

250 S.W. 16th Street

Suite, Apt. #, etc.

~~Belle Glade, Florida~~

City & State

Belle Glade, Florida

Zip  
 33430

Country  
 Palm Beach

3. Mailing Address

250 S.W. 16th Street

Suite, Apt. #, etc.

~~Belle Glade, Florida~~

City & State

Belle Glade, Florida

Zip  
 33430

Country  
 Palm Beach



MOORE

CR2E034 (11/03)

4. FEI Number

59-1639509

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALSTON, CALVIN D  
 1324 S. MAIN ST.  
 BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

Name

Milton J. Harville

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

250 S.W. 16th Street

City

Belle Glade

FL

Zip Code

33430

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

- Milton J. Harville

March 16, 2004

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Mail 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	VPD	<input checked="" type="checkbox"/> Delete
NAME	ALSTON, CALVIN D	
STREET ADDRESS	1324 S. MAIN ST.	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HILL, HOWARD	
STREET ADDRESS	1324 S MAIN ST	
CITY-ST-ZIP	BELLE GLADE FL	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MONA-L	
STREET ADDRESS	1324 S. MAIN ST.	
CITY-ST-ZIP	BELLE GLADE FL 33430	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Milton J. Harville	
STREET ADDRESS	250 S.W. 16th Street	
CITY-ST-ZIP	Belle Glade, Florida 33430	

TITLE	VP, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Teresa D. Harville	
STREET ADDRESS	250 S.W. 16th Street	
CITY-ST-ZIP	Belle Glade, Florida 33430	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milton J. Harville

3/16/04

561-996-4454

Daytime Phone #