


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90033 016 ***150.00

DOCUMENT # 486582

1. Entity Name
BV ENTERPRISES, INC.



Principal Place of Business Mailing Address
5183 TENTH AVE N **5183 TENTH AVE N**
GREENCRES CITY, FL 33463 US **GREENCRES CITY, FL 33463 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01042008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-1622264 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

VONDRAK, RICHARD B
5183 TENTH AVE N
GREENACRES CITY, FL 33463

Name: **KENNEDY, MURDOCK I**
 Street Address (P.O. Box Number is Not Acceptable): **5183 TENTH AV N**
 City: **GREENACRES** FL Zip Code: **33463**

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: **MURDOCK I. KENNEDY** *[Signature]* DATE: **1/4/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when emulating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENNEDY, MURDOCK 773 SPRINGDALE CIR PALM SPRINGS, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, MURDOCK 773 SPRINGDALE CIRC PALM SPRINGS, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VONDRAK, RICHARD B 2580 S. OCEAN BLVD #136 PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIN VONDRAK 2580 S. OCEAN BLVD #1B6 PALM BEACH, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *[Signature]* **MURDOCK I. KENNEDY** DATE: **1/4/08** DAYTIME PHONE: **561-965-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #