

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 517036**

1. Entity Name  
"B" HIVE TROPHY, INC.



Principal Place of Business  
1810 N HERCULES AVE  
CLEARWATER, FL 34625-1117

Mailing Address  
1810 N HERCULES AVE  
CLEARWATER, FL 34625-1117



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1691089

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PISANI, PAUL F  
1810 N. HERCULES AVENUE  
CLEARWATER, FL 33515

**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 is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
PISANI, JAMES P  
1810 N. HERCULES AVE.  
CLEARWATER FL, 34683

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PISANI, ROBERT G  
1810 N. HERCULES AVE.  
CLEARWATER FL, 80646

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PISANI, PAUL F  
1810 N. HERCULES AVE  
CLEARWATER FL, 34677

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000536934  
05/08/06-80112-024 150.00

**DO NOT WRITE  
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

*Paul F. Pisani*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

727-442-7163

Date

Daytime Phone #