


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 11, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # F00000006277</b> 1. Entity Name THE BERNARD HEWITT CORPORATION, INC.	
--	---

Principal Place of Business C/O PAT BOYLE 2390 HIGH TERRACE RENO, NV 89509	Mailing Address C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062
---	---



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>88-0468897</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MACLEAN, LAURA G ESQ. 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062
--

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	PCD HEWITT, MICHAEL L 1925 S. FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEWITT, PETER B 1725 MARSH RUN NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVERMAN, WENDY S 2971 AVENIDA VALERA LA COSTA, CA 92009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEWITT, PETER B 1725 MARSH RUN NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000047273  
02/12/04-80034-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Peter Hewitt* 2/3/04 239-598-9996