

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F27931**

1. Entity Name  
**B. V. N. ENTERPRISES, INC.**



Principal Place of Business  
**5601 N A1A 103 N  
103N  
INDIAN RIVER SHORES, FL 32963 US**

Mailing Address  
**P.O. BOX 3024  
VERO BEACH, FL 32964-3024 US**

**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2778901**

Applied For  
Not Applicable

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

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

**MYERS, JAMES L JR  
5601 N A1A 103 N  
INDIAN RIVER SHORES, FL 32963**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000051452  
02/16/04-80052-008 158.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
COBB, JEAN E  
10509 PURDEY RD  
EDEN PRAIRIE, MN 55347**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
NORDBERG, BRUNO V  
5601 N A 1 A HGY, 103N  
VERO BCH, FL 32964,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
NORDBERG, JOAN A  
5601 N A 1 A HGY, 103N  
VERO BCH, FL 32964,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(f), 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 employees.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRUNO V. NORDBERG**

**772-231-9225**  
**2/9/04 414-774-6528**

Date

Daytime Phone #