


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MYERS, JAMES L JR 5601 N A1A 103 N INDIAN RIVER SHORES FL 32963		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
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.		4. FEI Number 59-2778901 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
SIGNATURE _____		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reconstituting)	
DATE _____		DATE _____	



1st MOORE CR2E034 (10/05)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	COBB, JEAN E			NAME			
STREET ADDRESS	10509 PURDEY RD			STREET ADDRESS			
CITY-ST-ZIP	EDEN PRAIRIE MN 55347			CITY-ST-ZIP	1100000448583 03/03/06 80018-023 158.75		
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	NORDBERG, BRUNO V			NAME			
STREET ADDRESS	5601 N A 1 A HGY, 103N			STREET ADDRESS			
CITY-ST-ZIP	VERO BCH, FL 32964			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	NORDBERG, JOAN A			NAME			
STREET ADDRESS	5601 N A 1 A HGY, 103N			STREET ADDRESS			
CITY-ST-ZIP	VERO BCH, FL 32964			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *B. Nordberg* *Then* **772-231-9225**
2/21/06 414-774-6528