


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000003857</b> 1. Entity Name <b>B &amp; S RESOURCES, INC.</b>	
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Principal Place of Business <b>17 SOUTH HIGH ST STE 1220 COLUMBUS, OH 43215 US</b>	Mailing Address <b>17 SOUTH HIGH ST STE 1220 COLUMBUS, OH 43215 US</b>
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03292004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>34-1338090</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BOICH, WAYNE 5401 NW 15TH AVE FT LAUDERDALE, FL 33309</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000102891</b> <b>04/05/04-80034-008 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP BOICH, WAYNE 17 SOUTH HIGH ST STE 1220 COLUMBUS, OH 43215</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCVS SOVELL, MAX 17 SOUTH HIGH ST STE 1220 COLUMBUS, OH 43215</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SOVELL, MAX 17 SOUTH HIGH ST STE 1220 COLUMBUS, OH 43215</b>
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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:** *Max Sovell* 4/1/04 614-221-0101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #