

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000003857**

1. Entity Name  
**B & S RESOURCES, INC.**



Principal Place of Business  
**17 SOUTH HIGH ST  
STE 1220  
COLUMBUS, OH 43215 US**

Mailing Address  
**17 SOUTH HIGH ST  
STE 1220  
COLUMBUS, OH 43215 US**



03232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**34-1338090**

Applied For  
Not Applicable

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

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

**BOICH, WAYNE  
5401 NW 15TH AVE  
FT LAUDERDALE, FL 33309**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000490878  
~~04/18/06 30074 017 158.75~~

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CP  
BOICH, WAYNE  
17 SOUTH HIGH ST STE 1220  
COLUMBUS, OH 43215**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCVS  
SOVELL, MAX  
17 SOUTH HIGH ST STE 1220  
COLUMBUS, OH 43215**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SOVELL, MAX  
17 SOUTH HIGH ST STE 1220  
COLUMBUS, OH 43215**

TITLE  
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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 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.