




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # G18748		
1. Entity Name B & H ORGAN SERVICE, INC.		
Principal Place of Business P.O. BOX 1731 MELBOURNE, FL 32902	Mailing Address P.O. BOX 1731 MELBOURNE, FL 32902	
DO NOT WRITE IN THIS SPACE		
		 03152006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2274839 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SLAUGHTER, BENJAMIN O., JR. 3000 GRACE STREET W. MELBOURNE, FL 32904		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLAUGHTER, BENJAMIN O. 3000 GRACE ST. W. MELBOURNE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SLAUGHTER, HELEN M.H. 3000 GRACE ST. W. MELBOURNE, FL	
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1100000473078 03/31/06-00002-012 150.00		
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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-15-2006 321-724-0316 Date Daytime Phone