

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90246 020 ***150.00

DOCUMENT # H28275

1. Entity Name

B & S CULVERTS, INC.



Principal Place of Business

**10711 S.W. BOGGESS AVE.
FT OGDEN FL 34267**

Mailing Address

**PO BOX 142
FT OGDEN FL 34267
US**

24057831



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2500417**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, FLETCHER
124 N. BREVARD
ARCADIA FL 33821**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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
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

TITLE PD ☐ Delete
NAME NICHOLS, JOHN STEPHEN
STREET ADDRESS BOGGESS AVE., PO BOX 142 (10711 SW BOGGESS
CITY-ST-ZIP FT. OGDEN FL

TITLE VST ☐ Delete
NAME NICHOLS, DIANE B.
STREET ADDRESS BOGGESS AVE, POB 142(10711 SW BOGGESS)
CITY-ST-ZIP FT. OGDEN FL

TITLE D ☐ Delete
NAME NICHOLS, JOHN S II
STREET ADDRESS 10711 SW BOGGESS AVENUE
CITY-ST-ZIP FT OGDEN FL 34267

TITLE D ☐ Delete
NAME NICHOLS, WAYNE A
STREET ADDRESS 10711 SW BOGGESS AVENUE
CITY-ST-ZIP FT OGDEN FL 34267

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3132