

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90159 006 \*\*\*150.00

**DOCUMENT # H28275**

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



Principal Place of Business  
**10711 SW BOGGESS AVE  
FT OGDEN FL 34267**

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

**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-P CR2E034 (10/03)

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**

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00.  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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 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 #

*John Stephen Nichols, President* 5/3/05 (863) 494-3132