

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90104 034 ***150.00

DOCUMENT # H28275

1. Entity Name
B & S CULVERTS, INC.



Principal Place of Business

10711 S.W. BOGGESE AVE
FT OGDEN, FL 34267

Mailing Address

PO BOX 142
FT OGDEN, FL 34267 US



03102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2500417	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE	PD
NAME	NICHOLS, WAYNE A
STREET ADDRESS	10711 SW BOGGESE AVENUE
CITY-ST-ZIP	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 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

Date

Daytime Phone #

4/27/07 941-815-1396