

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90054 017 ***155.00

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01192005 Chg-P CR2E034 (10/03)

DOCUMENT # H92528			
1. Entity Name B & H CONSTRUCTION OF CENTRAL FLA. INC.			
Principal Place of Business 4025 MORRIS BRIDGE ROAD ZEPHYRHILLS, FL 33543-5056		Mailing Address % GREG A BEEBE 11494 SEDATE ST. BROOKSVILLE, FL 34614	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEEBE, GREG A. 11494 SEDATE ST. BROOKSVILLE, FL 34614		Name Greg A. Beebe Street Address (P.O. Box Number is Not Acceptable) 37537 Sky Ridge Circle City Dade City FL Zip Code 33525	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEEBE, GREG A. 11494 SEDATE ST. BROOKSVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Beebe, Greg A. 37537 Sky Ridge Circle Dade City, FL 33525 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Greg A. Beebe		Date 1-19-05 Daytime Phone # 1-813-782-1064	