

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90007 003 \*\*\*150.00

**DOCUMENT # H98698**

1. Entity Name  
**B/W GENERAL CONTRACTORS, INC.**



Principal Place of Business

**714 MANATEE AVENUE EAST  
BRADENTON, FL 34208 US**

Mailing Address

**714 MANATEE AVENUE EAST  
BRADENTON, FL 34208 US**

**40008674**



01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2652571**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILLIAMS, BRITTON H  
714 MANATEE AVENUE EAST  
BRADENTON, FL 34208**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
WILLIAMS, BRITTON H  
3618 2ND AVENUE W.  
BRADENTON, FL 34205**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILLIAMS, EILEEN L  
636 HILLCREST DRIVE  
BRADENTON, FL 34209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CVPT  
REID, BRUCE  
739 HILLCREST DRIVE  
BRADENTON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MASON, PETER  
1851 OLEANDER ST.  
SARASOTA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
WILLIAMS, REACE  
207 32ND ST W  
BRADENTON, FL**

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 #

**BRITTON H. WILLIAMS 1/24/07 748-8834**