


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J37777</b> 1. Entity Name <b>B. C. BUNDT, INC.</b>	
--	---

Principal Place of Business <b>5221 B EHRLICH RD. TAMPA, FL 33624 US</b>	Mailing Address <b>PO BOX 271848 TAMPA, FL 33688-1848 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>63-0940738</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
----------------------------------	---

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

**HOKES, VIRGINIA MRS  
4313 CARROLLWOOD VILLAGE DR.  
TAMPA, FL 33618**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**1000000462552  
03/21/06-80041-005 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD MCREE, WILLIAM 1380 RIVERCREST DR VINCENT, AL 35178</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>STD HOKES, VIRGINIA T 4313 CARROLLWOOD VLG. DR TAMPA, FL 33618</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>COO HOKES, JAMES L 4313 CARROLLWOOD VLG.DR. TAMPA, FL 33618</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**ORIGINAL**

**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 entities.**

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mar. 3, 2006 813-963-2784**  
Date Daytime Phone #