



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # J37777	
1. Entity Name B. C. BUNDT, INC.	

Principal Place of Business 5221 B EHRlich RD. TAMPA, FL 33624 US	Mailing Address PO BOX 271848 TAMPA, FL 33688-1848 US
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DO NOT WRITE IN THIS SPACE

	
01312007 No Chg-P	CR2E034 (11/05)
4. FEI Number 63-0940738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOKES, VIRGINIA MRS 4313 CARROLLWOOD VILLAGE DR. TAMPA, FL 33618

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000639388 02/28/07-80024-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCREE, WILLIAM 1380 RIVERCREST DR VINCENT, AL 35178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOKES, VIRGINIA T 4313 CARROLLWOOD VLG. DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HOKES, JAMES L 4313 CARROLLWOOD VLG.DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowerment.

SIGNATURE: Virginia I. Hokes 2/15/07 813-963-2784

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #