


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K83436</b> 1. Entity Name <b>B-H-W CORPORATION</b>	
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Principal Place of Business <b>% JOSEPH E. WARNOCK 2539 IRONWOOD CT ORANGE PARK, FL 32065</b>	Mailing Address <b>% JOSEPH E. WARNOCK 2539 IRONWOOD CT ORANGE PARK, FL 32065</b>
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04112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2945798</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WARNOCK, JOSEPH E. 2539 IRONWOOD CT ORANGE PARK, FL 32065</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDSD BEKKUM, MARTHA L 3654 HEMLOCK CT MIDDLEBURG, FL 32068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WARNOCK, PATRICIA ANN 2539 IRONWOOD CT ORANGE PARK, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WARNOCK, JOSEPH EDWARD 2539 IRONWOOD CT ORANGE PARK, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BEKKUM, ELDON LAVERNE 2654 HEMLOCK CT MIDDLEBURG, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/23/07-80014-003 150.00

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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: Joseph E. Warnock, President APRIL 11, 2007 (904) 272-1774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #