2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 AN Secretary of State

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1. Entity Name

B-H-W CORPORATION



Principal Place of Business

% JOSEPH E. WARNOCK 2539 IRONWOOD CT ORANGE PARK, FL 32065 Mailing Address

% JOSEPH E. WARNOCK 2539 IRONWOOD CT ORANGE PARK, FL 32065



No Chg-P

03052008

CR2E034 (11/05)

ט	O NOT WRITE IF	I I IIIS SPAC		4, FEI Numb 59-294			Applied For Not Applicable		
				5. Certificate	of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current Regist	tered Agent	_						
2539 IRON	K, JOSEPH E. NWOOD CT PARK, FL 32065		DO NOT WRITE IN THIS SPACE						
.▼									
68. 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 agnature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	ng 🔲	\$5.00 May Be Added to Fees	i					
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY:ST-ZIP	TDSD BEKKUM, MARTHA L 3654 HEMLOCK CT MIDDLEBURG, FL 32068				U <u>0</u> 0000	125971	88		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARNOCK, PATRICIA ANN 2539 IRONWOOD CT ORANGE PARK, FL			04/02/08-	8000	5-018 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARNOCK, JOSEPH EDWARD 2539 IRONWOOD CT ORANGE PARK, FL	DO NOT WRITE							
NAME STREET ADDRESS CITY-ST-ZIP	VD BEKKUM, ELDON LAVERNE 2654 HEMLOCK CT MIDDLEBURG, FL		IN	THIS SF	PAC	E			
TITLE		t t							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floride 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 attackment with an address, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
--TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATUREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1014ACH2008 904/272-1774

Daytime Phone *