2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M97453

1. Entity Name
BEDSTONE HOLDINGS, INC.

Principal Place of Business	Mailing Address
1590 FIRST ST SARASOTA, FL 34236	1590 FIRST STREET ATTN: JIM GOAR SARASOTA, FL 34236 US

DO NOT WRITE IN THIS SPACE

02182008   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-2378817

	Applied For
	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TALBOT, LINDA
3705 TORREY PINES BLVD
SARASOTA, FL 34238

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, 2008 Fee will be $550.00

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

U00000852685
03/26/08-80037-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ULMKE, RITA
STREET ADDRESS	3705 TORREY PINES BLVD
CITY-ST-ZIP	SARASOTA, FL 34238

TITLE	VT
NAME	TALBOT, LINDA
STREET ADDRESS	3705 TORREY PINES BLVD
CITY-ST-ZIP	SARASOTA, FL 34238

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____   2-25-08 x   X 941-366-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #