


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006381 1. Entity Name BHPS - PTO, INC.						05 AUG 23 2011:47 05	
Principal Place of Business 2205 THOMASVILLE RD. TALLAHASSEE, FL 32308				Mailing Address 2205 THOMASVILLE RD. TALLAHASSEE, FL 32308			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 31-1806580				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 DOVE, JOYCE SIBSON 203 N. GADSDEN ST., #3 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRENNAN, KATHLEEN 4778 LANCASHURE LANE TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100053199481 08/31/05--01067--012 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, KAREN 5351 CARISBROOKE LANE TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THIGPEN, CHRISTINE 211 RIDGEWOOD DRIVE CRAWFORDVILLE, FL 32327			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, MOLLY 4115 DEER LANE DRIVE TALLAHASSEE, FL 32312			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICONE, JAY 3793 MITZI WAY TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JANET 2996 FERICK CT E TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDY T. FRUST 2240 ARANISTEAD RD. TALLAHASSEE, FL 32308		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/23/05 850 422-2464 <small>Date Daytime Phone #</small>			