

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000009259

1. Entity Name
B & L RENOVATION & CONST., INC.



Principal Place of Business
1605 CRUMP RD
WINTER HAVEN, FL 33881

Mailing Address
P.O. BOX 7666
WINTER HAVEN, FL 33883

DO NOT WRITE IN THIS SPACE

**FILED
Feb 13, 2006 08:00 AM
Secretary of State**



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3692740

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**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, 2006 Fee will be \$550.00**

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

1000000431310
02/23/06-80018-018 150.00

10.

OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BENTLEY, JOHN R II
STREET ADDRESS	1605 CRUMP ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/06
Date

(863)289-9920
Daytime Phone #