


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000018228

1. Entity Name
BHW MACHINERY SPECIALIZED, INC.



Principal Place of Business
**8024 FLORIDA BOYS RANCH RD
 GROVELAND, FL 34736**

Mailing Address
**P.O. BOX 695
 GROVELAND, FL 34736-0695**

DO NOT WRITE IN THIS SPACE



04072007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3713701

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WESTPHAL, BRIAN H
 8024 FLORIDA BOYS RANCH ROAD
 GROVELAND, FL 34736**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTPHAL, BRIAN H 8024 FLORIDA BOYS RANCH ROAD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WESTPHAL, SHARON A 8024 FLORIDA BOYS RANCH ROAD GROVELAND, FL 34736
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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 empowered.

SIGNATURE: Sharon A. Westphal 4-7-07 352-429-2813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #