

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90031 020 ***150.00

DOCUMENT # P01000022963

1. Entity Name

BVH DEVELOPMENT-B, INC.



Principal Place of Business

**1840 PHILLIPPI SHORES DR
SARASOTA FL 34231**

Mailing Address

**P.O. BOX 20708
SARASOTA FL 34276**

44010001



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1087233

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEIDER, WILLIAM M
200 SOUTH ORANGE AVENUE
SARASOTA FL 34235**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MORRIS, ROBERT A JR.	
STREET ADDRESS	1840 PHILLIPPI SHORES DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRION, JAIME S	
STREET ADDRESS	3665 BEE RIDGE ROAD SUITE 310	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCSWEENEY, ANINA C	
STREET ADDRESS	3665 BEE RIDGE ROAD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Morris, Jr.

3/5/04

941-923-6353

Date

Daytime Phone #