

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90191 010 ***150.00

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04182005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000061580					
1. Entity Name BVH DEVELOPMENT-C, INC.					
Principal Place of Business 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231			Mailing Address PO BOX 20708 SARASOTA, FL 34276		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1122426	
				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			7. Name and Address of New Registered Agent		
SEIDER, WILLIAM M 200 SOUTH ORAGNE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition	
NAME	MORRIS, ROBERT A JR		NAME		
STREET ADDRESS	1840 PHILLIPPI SHORES DR		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34231		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARRION, JAIME S		NAME	ST THOMAS, DORA MARIA C	
STREET ADDRESS	3665 BEE RIDGE ROAD SUITE 310		STREET ADDRESS	3665 BEE RIDGE RD	
CITY - ST - ZIP	SARASOTA, FL 34231		CITY - ST - ZIP	SARASOTA, FL 34233	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCSWEENEY, ANINA C		NAME		
STREET ADDRESS	3665 BEE RIDGE RD		STREET ADDRESS		
CITY - ST - ZIP	SARASOTA, FL 34233		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u>Robert A Morris Jr</u>			ROBERT A MORRIS JR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			PRES.		
			Date 04/25/05		
			Daytime Phone # 941-923-6353		