

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000086126

1. Entity Name
B&D SURFACE MOUNT, INC.



Principal Place of Business
7415 SEASHORE DR
PORT RICHEY, FL 34668

Mailing Address
7415 SEASHORE DR
PORT RICHEY, FL 34668

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SECRET
TALL... ..



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3743269

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

CAROSELLI, DONALD W
7415 SEASHORE DR
PORT RICHEY, FL 34668

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☒ Delete
NAME CAROSELLI, DONALD W
STREET ADDRESS 7415 SEASHORE DR
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☒ Delete
NAME CAROSELLI, DONALD W
STREET ADDRESS 7415 SEASHORE DR
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Change ☒ Addition
NAME BONNIE CAROSELLI
STREET ADDRESS 7415 SEASHORE DR
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE ☐ Change ☐ Addition
NAME 000058044630
STREET ADDRESS 07/29/05--01047--014
CITY-ST-ZIP **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Bonnie Caroselli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-05

Date

727-868-1000

Daytime Phone #