## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Feb 26, 2007 08:00 AM DOCUMENT # P01000086126 **Secretary of State B&D SURFACE MOUNT, INC.** Principal Place of Business Mailing Address 7415 SEASHORE DR 7415 SEASHORE DR PORT RICHEY, FL 34668 PORT RICHEY, FL 34668 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEt Number Applied For 59-3743269 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAROSELLI, DONALD W DO NOT WRITE 7415 SEASHORE DR PORT RICHEY, FL 34668 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. Lam 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) U90000646614 03/06/07-80038-025 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS **PSTD** TITLE CAROSELLI, BONNIE NAME STREET ADDRESS 7415 SEASHORE DR CITY-ST-ZIP PORT RICHEY, FL 34668 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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

CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP