


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000105413		
1. Entity Name BH EQUIPMENT, INC.		
Principal Place of Business 5100 SUNBEAM ROAD, SUITE 1 JACKSONVILLE, FL 32237		Mailing Address P.O. BOX 23939 JACKSONVILLE, FL 32241
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JEFFREY R. LUDWIG, P.A. 5150 BELFORT ROAD S., BUILDING 500 JACKSONVILLE, FL 32256		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUTCHINSON, CS 5100 SUNBEAM RD #1 JACKSONVILLE, FL 32257	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JOYNER, JOHN 5100 SUNBEAM RD #1 JACKSONVILLE, FL 32257	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>M. Hutchinson</u> <u>M.F. HUTCHINSON</u> <u>4/14/06</u> <u>904-673-0858</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3753989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

10000005 PSE 30
04/29/06-80138-019 150.00