


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90014 005 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P02000032944 1. Entity Name BKW - ASSET MANAGEMENT, INC. | | | |  | |
| Principal Place of Business 11101 ROOSEVELT BLVD., NORTH, 4TH FLOOR LEGAL DEPT ST PETERSBURG, FL 33716 | | | Mailing Address 11101 ROOSEVELT BLVD., NORTH, 4TH FLOOR LEGAL DEPT ST PETERSBURG, FL 33716 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 03-0411758 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HAIRE, NANCY C 11101 ROOSEVELT BLVD., NORTH, 4TH FLOOR LEGAL DEPT ST PETERSBURG, FL 33716 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when ministerial) <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP | DC MENKE, ROBERT M 360 CENTRAL AVENUE SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEEHAN, DAVID K 360 CENTRAL AVENUE SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT HUSSEMAN, EDWIN C 360 CENTRAL AVENUE SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRUBAKER, RICHARD M 360 CENTRAL AVENUE SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS HAIRE, NANCY C 360 CENTRAL AVENUE SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS TRUDEL, STEPHANIE D 360 CENTRAL AVE SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11101 Roosevelt Blvd. N. St. Petersburg, Florida 33716 | |
| 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: <i>Nancy C. Haire</i> Nancy C. Haire, Asst. Secretary 2/8/2008 727-823-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

40030072

#PO 2000032944

BKW – ASSET MANAGEMENT, INC.

Exhibit to 2008 Annual Corporation Report

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|-----|--------------------|------------------------|--------------------------|
| S | Gregory L. Hoffman | 11101 Roosevelt Blvd N | St. Petersburg, FL 33716 |
| AVP | Mark E. Winkler | 11101 Roosevelt Blvd N | St. Petersburg, FL 33716 |