



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000043983 1. Entity Name BEVIS HOLDINGS, INC.	
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Principal Place of Business 2710 N. MONROE STREET TALLAHASSEE, FL 32303	Mailing Address 2710 N. MONROE STREET TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 26 PM 3:17
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2796828	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

**BEVIS, RODNEY J
2597 MERGANSER CT.
TALLAHASSEE, FL 32308**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
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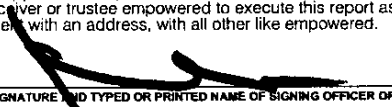
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEVIS, RODNEY J 2710 N. MONROE STREET TALLAHASSEE, FL 32303
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500074509485
05/12/06--01012--030 **150.00

**DO NOT WRITE
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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:  **4-26-06** **850-385-2193**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #