

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

5 Jun 13, 2005 8:00 am
Secretary of State

05-04-2005 90164 037 ***155.00

DOCUMENT # P03000030493	
1. Entity Name BEDFORD & TREMBLAY PROPERTY INVESTMENTS, INC.	

Principal Place of Business 2472 ALLEGRO AVE SPRING HILL FL 34609	Mailing Address 11185 SPRING HILL DR STE 102 SPRING HILL FL 34609
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

bb046102



4. FEI Number AP-PLIED FOR	CR2E034 (10/04) 30-0242135	Applied For Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LA BELLE, RICHARD ESQ. 3446 LAKE DRIVE DUNEDIN FL 34698	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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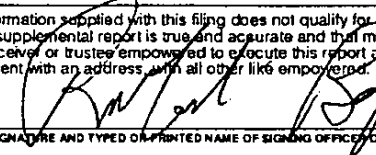
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when re-registering)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDFORD, ROBERT 2472 ALLEGRO AVE SPRING HILL FL 34609 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREMBLAY, CENDRINE 6042 PARNELL AVE SPRING HILL FL 34608 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13155 THRUSH ST SPRING HILL FL 34609 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 empowerment.

SIGNATURE: 	04-29-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #