


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90409 044 ***150.00

DOCUMENT # P03000130664 1. Entity Name B'S WORK'S, INC.					
Principal Place of Business 2930 E. 14TH CT. PANAMA CITY, FL 32401			Mailing Address 2930 E. 14TH CT. PANAMA CITY, FL 32401		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0379324	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INFINGER, BARRY L 2930 E. 14TH CT. PANAMA CITY, FL 32401			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PVST INFINGER, BARRY L 2930 E. 14TH CT. PANAMA CITY, FL 32401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 empowered.					
SIGNATURE: <i>Barry L Infinger</i>			Date 4/28/05 Daytime Phone # (850) 258-0728		

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04262005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0379324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INFINGER, BARRY L
2930 E. 14TH CT.
PANAMA CITY, FL 32401**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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10. OFFICERS AND DIRECTORS

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CITY-ST-ZIP
**PVST
INFINGER, BARRY L
2930 E. 14TH CT.
PANAMA CITY, FL 32401** ☐ Delete

TITLE
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STREET ADDRESS
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SIGNATURE: *Barry L Infinger* Date **4/28/05** Daytime Phone # **(850) 258-0728**