APR-29-05 FRI 07:00 PM REEVES ACCOUNTING

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State
05-16-2005 90202 045 ***150.00

DOCUMENT # P03000146484

1. Entity Name
BEDMAN ENTERPRISES, INC.

Principal Place of Business
3527-C TAMIAMI TRAIL
PORT CHARLOTTE, FL

Mailing Address
501 GOODLETTE ROAD
SUITE B204
NAPLES, FL 34102

400041100

03162005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2200 Kings Highway			
Suite, Apt. #, etc. #2F		Suite, Apt. #, etc.	
City & State Port Charlotte, FL		City & State	
Zip 33980	Country USA	Zip	Country

4. FEI Number 55-0853771 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REEVES N, WANDA L
501 GOODLETTE ROAD
SUITE B 204
NAPLES, FL 34102

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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	PD ROBISON, PHILIP D 3527-C TAMIAMI TRAIL PORT CHARLOTTE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 2200 Kings Highway, #2F Port Charlotte, Florida 33980	☒ Change ☐ 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: [signature] Philip Robison, President 4/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #