

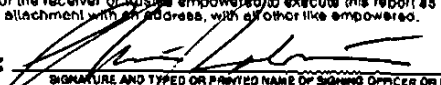
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90202 045 ***150.00

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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	
2. Principal Place of Business 2200 Kings Highway		3. Mailing Address	
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		Chg-P CR2E034 (10/03)	
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 _____ (NOTE: Registered Agent signature required when renewing) 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	☒ Change ☐ Addition 2200 Kings Highway, #2F Port Charlotte, Florida 33980
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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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: 		Philip Robison, President 4/30/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	