

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90063 049 \*\*\*150.00

66006324



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000002211</b> 1. Entity Name <b>BNCH, INC.</b>																																															
Principal Place of Business <b>326 BEARSS AVE W SUITE B TAMPA FL 33613</b>			Mailing Address <b>326 BEARSS AVE W SUITE B TAMPA FL 33613</b>																																												
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.																																												
City & State  Zip      Country			4. FEI Number <div style="font-size: 1.5em; font-family: cursive;">89-1631196</div> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>																																												
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			6. Name and Address of Current Registered Agent  <b>NORMAN, WILLIAM 326 BEARSS AVE W SUITE B TAMPA FL 33613</b>																																												
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reappointing)      DATE _____																																												
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PTD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NORMAN, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>326 BEARSS AVE W</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA FL 33613</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">SVD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HEINDORF, ROB</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>326 BEARSS AVE W</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA FL 33613</td> <td></td> </tr> </table> </div> </div>						TITLE	PTD	<input type="checkbox"/> Delete	NAME	NORMAN, WILLIAM		STREET ADDRESS	326 BEARSS AVE W		CITY- ST- ZIP	TAMPA FL 33613		TITLE	SVD	<input checked="" type="checkbox"/> Delete	NAME	HEINDORF, ROB		STREET ADDRESS	326 BEARSS AVE W		CITY- ST- ZIP	TAMPA FL 33613		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	STREET ADDRESS				CITY- ST- ZIP			
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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.																																															
<b>SIGNATURE: WILLIAM NORMAN</b> <span style="float: right; text-align: right;">2/11/05      813-960-5384</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																															