

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90097 038 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                                        |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P04000068906</b><br>1. Entity Name<br><b>B&amp;W SHEDS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                       |                                                                   |
| Principal Place of Business<br><b>818 10TH AVE WEST<br/>PALMETTO FL 34221</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | Mailing Address<br><b>818 10TH AVE WEST<br/>PALMETTO FL 34221</b>                                                                                      |                                                                   |
| 2. Principal Place of Business<br><b>818 10th Ave West</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | 3. Mailing Address<br><b>818 10th Ave West</b><br>Suite, Apt. #, etc.                                                                                  |                                                                   |
| City & State<br><b>Palmetto, FL</b><br>Zip Country<br><b>34221 USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | City & State<br><b>Palmetto, FL</b><br>Zip Country<br><b>34221 USA</b>                                                                                 |                                                                   |
| 4. FEI Number<br><b>13-4297364</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                             |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | <b>\$8.75</b> Additional Fee Required                                                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>BENNETT, RONNIE<br/>16923 WATERLINE RD<br/>BRADENTON FL 34212</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>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 reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                                                        |                                                                   |
| <b>FILE NOW!!! FEE IS: \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                    |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>PV<br/>BENNETT, RONNIE A<br/>16923 WATERLINE RD<br/>BRADENTON FL 34212</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>ST<br/>BENNETT, CANDY S<br/>16923 WATERLINE RD<br/>BRADENTON FL 34212</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>D<br/>WOLODZKO, BARBARA<br/>5042 LIVE OAK CIR<br/>BRADENTON FL 34210</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> 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 empowered. |                                 |                                                                                                                                                        |                                                                   |
| SIGNATURE: <u>Larry S. Bennett</u> <u>Candy S. Bennett</u> <u>3/15/05</u> <u>941/722-4043</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                                        |                                                                   |