

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000105438				Jan 09, 2007 08:00 Secretary of State		
1. Entity Name BPH, INC.						
Principal Place of Business 20 SOUTH POLK AVENUE ARCADIA, FL 34266 US		Mailing Address 20 SOUTH POLK AVENUE ARCADIA, FL 34266 US				
DO NOT WRITE IN THIS SPACE						
		01032007 No Chg-P CR2E034 (11/05)				
		4. FEI Number 20-1370077		Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE				
VOIGT, STEPHEN F ESQ. 2042 BEE RIDGE ROAD SARASOTA, FL 34239						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		<div>U000000579850</div> <div>01/10/07-80023-009 150.00</div> <div>DO NOT WRITE IN THIS SPACE</div>				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST HATCH, BRAD 1779 NW MIKE DR. ARCADIA, FL 34266					
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Brad Hatch		Brad Hatch		1-3-07 (863) 990- 6358		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>		