

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P05000031662

1. Entity Name  
BDH INVESTMENT CORP.



Principal Place of Business  
3425 N ATLANTIC AVE  
COCOA BEACH, FL 32931

Mailing Address  
3425 N ATLANTIC AVE  
COCOA BEACH, FL 32931



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2610556

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KANCILIA, JOHN R  
1800 W HIBISCUS BLVD SUITE 138  
MELBOURNE, FL 32901

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
ST  
DOBSON, ROGER W  
STREET ADDRESS  
3425 N ATLANTIC AVE  
CITY-ST-ZIP  
COCOA BEACH, FL 32931

TITLE  
NAME  
VPS  
BJERNING, EUGENE K  
STREET ADDRESS  
3425 NORTH ATLANTIC AVE  
CITY-ST-ZIP  
COCOA BEACH, FL 32931

TITLE  
NAME  
VP  
HERMANSEN, BJORNAR  
STREET ADDRESS  
3425 NORT ATLANTIC AVE  
CITY-ST-ZIP  
COCOA BEACH, FL 32931

TITLE  
NAME  
VP  
HERMANSEN, JOHN  
STREET ADDRESS  
3425 NORTH ATLANTIC AVE  
CITY-ST-ZIP  
COCOA BEACH, FL 32931

TITLE  
NAME  
P  
HERMANSEN, TOM C  
STREET ADDRESS  
3425 NORTH ATLANTIC AVE  
CITY-ST-ZIP  
COCOA BEACH, FL 32931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000868104  
04/08/08-80097-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: TOM HERMANSEN 3/20/08 321 799 4099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #