

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000003365**

1. Entity Name  
**B&V VENTURES, INC.**



Principal Place of Business  
**BARDMOOR VILLAGE  
10801 STARKEY RD. STE. 106  
LARGO, FL 33777 US**

Mailing Address  
**BARDMOOR VILLAGE  
10801 STARKEY RD. STE. 106  
SEMINOLE, FL 33777**

**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3155684**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**ROBERT E. JULIEN  
1001 STARKEY RD  
#465  
LARGO, FL 33771**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME JULIEN ROBERT, E  
STREET ADDRESS 1001 STARKEY RD, 465  
CITY-ST-ZIP LARGO, FL 33771

TITLE VP  
NAME JULIEN, KAREN  
STREET ADDRESS 1001 STARKEY RD, #465  
CITY-ST-ZIP LARGO, FL 33771

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/08/05-80001-013 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KAREN JULIEN** 7/5/05 727/397-9000

Date

Daytime Phone #