

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90984 021 ***163.75

DOCUMENT # P93000067615

1. Entity Name

BWF ENTERPRISES, INC.



Principal Place of Business

**1401 S MILITARY TRAIL
SUITE E
WEST PALM BEACH FL 33415
US**

Mailing Address

**P.O. BOX 1380
SUITE B
LAKEWORTH FL 33460
US**

94066930



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0438616**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLK, LLOYD K
664 SPRINGDALE CIRCLE
PALM SPRINGS FL 33460**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
NAME **BRESNAHAN, CAROL**
STREET ADDRESS **817 MISSION HILL RD**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RICHARD VONDRAK**
STREET ADDRESS **3580 S. OCEAN BLVD, 1-B-6**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **P** ☒ Delete
NAME **BRESNAHAN, GLENN**
STREET ADDRESS **5320 ADAMS RD**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BERT LOFSTROM**
STREET ADDRESS **9085 SOMERSET BAY LANE**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **D** ☐ Delete
NAME **BURNETT, NEWTON C**
STREET ADDRESS **11811 AVE. OF THE PGA, 5-18**
CITY-ST-ZIP **PALM BCH. GARDENS FL**

TITLE **DIRECTOR/SECRETARY/TREAS** ☐ Change ☒ Addition
NAME **KATHRYN HAMPTON**
STREET ADDRESS **1016 SOUTH J STREET**
CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **VP** ☐ Delete
NAME **BRESNAHAN, CAROL**
STREET ADDRESS **236 BIRCH ST**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **DIRECTOR/PRESIDENT** ☐ Change ☒ Addition
NAME **GLENN BRESNAHAN**
STREET ADDRESS **125 SPRUCE STREET**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE **P** ☒ Delete
NAME **BRESNAHAN, GLENN**
STREET ADDRESS **125 SPRUCE ST**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **HAMPTON, KATHRYN**
STREET ADDRESS **1016 SOUTH J STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kathryn Hampton Secretary/Treas./Director 4/26/04 561-533-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #