


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000067615</b>	
1. Entity Name <b>BWF ENTERPRISES, INC.</b>	

Principal Place of Business <b>1401 S MILITARY TRAIL SUITE E WEST PALM BEACH, FL 33415 US</b>	Mailing Address <b>P.O. BOX 1380 SUITE B LAKEWORTH, FL 33460 US</b>
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01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0438616</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>POLK, LLOYD K 664 SPRINGDALE CIRCLE PALM SPRINGS, FL 33460</b>
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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 fee if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VONDRAK, RICHARD 2580 S OCEAN BLVD., 1B6 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOFSTROM, BERT 9025 SOMERSET BAY LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNETT, NEWTON C 11811 AVE. OF THE PGA, 5-18 PALM BCH. GARDENS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRESNAHAN, CAROL 236 BIRCH ST BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HAMPTON, KATHRYN 1016 S J ST. LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRESNAHAN, GLENN 125 SPRUCE ST. BOYNTON BEACH, FL 33426

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01/18/06-80042-001 163.75

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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: Kathryn Hampton, DST KATHRYN HAMPTON 1/9/06 561-5339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #