2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000079439

1. Entity Name
B2 INC.

Principal Place of Business	Mailing Address
907 TRUMAN AVE. KEY WEST, FL 33040	907 TRUMAN AVE. KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

08232004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUHRIMAN, SCOTT D
907 TRUMAN AVE.
KEY WEST, FL 33040

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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 $550.00
Due by September 8, 2004

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

U00000170921
08/26/04-80003-003 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FUHRIMAN, SCOTT D
STREET ADDRESS	907 TRUMAN AVE
CITY-ST-ZIP	KEY WEST, FL 33040

TITLE	VP
NAME	SUMMERS, KELLY D
STREET ADDRESS	907 TRUMAN AVE
CITY-ST-ZIP	KEY WEST, FL 33040

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	

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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: *Scott D. Fuhriman*   *Scott D. Fuhriman*   305.294.9732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   *24 Aug 2004*   Daytime Phone #