

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90270 030 ***150.00

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03032005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000098650 1. Entity Name B V MANUFACTURING, INC.			
Principal Place of Business 12950 58TH ST. N., UNIT 16 CLEARWATER, FL 33760		Mailing Address 12950 58TH ST. N., UNIT 16 CLEARWATER, FL 33760	
2. Principal Place of Business 4115 7th Terrace S. Suite, Apt. #, etc.		3. Mailing Address 4115 7th Terrace S. Suite, Apt. #, etc.	
City & State St. Petersburg FL Zip: 33711 Country: US		City & State St. Petersburg FL Zip: 33711 Country: US	
4. FEI Number 59-3477205		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARNICK, ROBERT E 8072 82ND AVE. N. SEMINOLE, FL 33777		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WARNCIK, ROBERT E STREET ADDRESS 8072 82ND AVENUE NORTH CITY-ST-ZIP SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE VP NAME Warnick, Valerie R STREET ADDRESS 8072 82nd Ave N CITY-ST-ZIP Seminole FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME NAVE, VALERIE R STREET ADDRESS 8072 82ND AVENUE NORTH CITY-ST-ZIP SEMINOLE, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, 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:		3-5-05 727-536-1400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	