
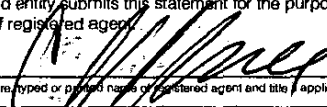
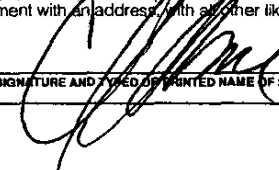


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90006 002 ***150.00

DOCUMENT # P98000043360 1. Entity Name B.E.D., INC.					
Principal Place of Business 36468 EMERALD COAST PKWY 6101 DESTIN, FL 32541			Mailing Address PO BOX 309 FT. WALTON BEACH, FL 32549		
2. Principal Place of Business 34990 Emerald Coast Pkwy Suite, Apt. #, etc. Suite 401		3. Mailing Address 34990 Emerald Coast Pkwy. Suite, Apt. #, etc. Suite 401			
City & State Destin, FL		City & State Destin, FL			
Zip 32541	Country U.S.	Zip 32541	Country U.S.	4. FEI Number 59-3539723	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRUSE, CRAIG J 36468 EMERALD COAST PKWY. #6101 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Craig J. Kruse Street Address (P.O. Box Number is Not Acceptable) 34990 Emerald Coast Pkwy. Suite 401 City Destin		
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:  DATE: 1/28/04 <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 KRUSE, CRAIG J		TITLE P	NAME Craig J. Kruse	
STREET ADDRESS 36468 EMERALD COAST PKWY. #601	CITY-ST-ZIP DESTIN, FL 32541		STREET ADDRESS 34990 Emerald Coast Pkwy. Suite 401	CITY-ST-ZIP Destin, Florida 32541	
TITLE V	NAME MEYER, F. SCOTT		TITLE Change	NAME Addition	
STREET ADDRESS 19 BAYSHORE	CITY-ST-ZIP SHALIMAR, FL 32579		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		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 another like empowered.					
SIGNATURE:  DATE: 1/28/04 850-269-1212 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					