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2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

FILED **DOCUMENT # P98000087078** 04 JUL 22 PM 4: 00 1. Entity Name BH INTERNATIONAL, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **6820 BENJAMIN ROAD** 5835 COVENTRY DR TAMPA, FL 33615 11-A TAMPA, FL 33634 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012004 Cha-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-3535565 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name HENEY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 5835 COVENTRY DR **TAMPA, FL 33615** City 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 بداد سال \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$550.00 \Box Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 9000397884 Addition ☐ Delete TITLE MILE HENEY, ROBERT J NAME NAME 08/702/04--01068--005 **400.00 5835 COVENTRY DRIVE STREET ADDRESS STREET ADDRESS TAMPA, FL 33615 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition HENEY, HELEN M NAME NAME STREET ADDRESS 5835 COVENTRY DR STREET ADDRESS TAMPA, FL 33615 CITY-ST-ZIP CITY-ST-7IP VPS ☐ Change Addition TITLE Delete TITLE BURNETT, RON. NAME HAME 6820 BENJAMIN ROAD, STE 11-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TAMPA, FL 33634 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delets ☐ Change Addition MILE NAME NAME STREET ADDRESS 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 turther 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 cath; that i am an officer or diffector 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 suppowered.

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~	6. Name and Address of Cur	rrent Registered Agent.		7. Name and /	Address of New Re	- T	ee Require	
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	ENTRY DR L 33615	,	Street Addre	ess (P.O. Box Number	r is Not Acceptable)) 	<u> </u>	
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9 The above	named entity submits this stateme		<u> </u>	5 1.7		. –) '	
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