

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S38189**

1. Entity Name  
**BDT CONCEPTS, INC.**



Principal Place of Business  
**5121 BOWDEN RD.  
STE 305  
JACKSONVILLE, FL 32216 US**

Mailing Address  
**5121 BOWDEN RD.  
STE 305  
JACKSONVILLE, FL 32216 US**



04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3061603**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WILLIAMS, DAN A.  
3783 REEDPOND DR N  
JACKSONVILLE, FL 32223**

**DO NOT WRITE  
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

*Dan Williams*  
Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be  
Added to Fees**

**U000000294492  
04/08/05-80070-023 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
WILLIAMS, BEVERLY J  
3783 REEDPOND DR  
JACKSONVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
DAN WILLIAMS  
3783 REEDPOND DR N  
JACKSONVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WILLIAMS, DAN  
3783 REEDPOND DR N  
JACKSONVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(f), 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:

*Dan Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/5/05*

Daytime Phone #

*904 262 2590*