## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 216025** 

Entity Name: BEASLEY'S MEN STORE, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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17 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952 US

Current Mailing Address: New Mailing Address:

P.O. BOX 667 COCOA, FL 32923 US

FEI Number: 59-0858689 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEASLEY, WILLIAM

1315 ROCKLEDGE AVE
ROCKLEDGE, FL 32955 US

SHINTA, DAWN
17 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: DAWN SHINTA 04/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:SHINTA, DAWNName:SHINTA, DAWNAddress:1438 HAGEN LNAddress:17 SOUTH TROPICAL TRAIL

City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: MERRITT ISLAND, FL 32952

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: BEASLEY, WILLIAM Name: BEASLEY, WILLIAM

Address: 1315 ROCKLEDGE DR Address: 17 SOUTH TROPICAL TRAIL City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: MERRITT ISLAND, FL 32952

Title: ST () Delete Title: ST (X) Change () Addition

Name:BEASLEY, THOMASName:BEASLEY, THOMASAddress:560 HARRISON AVEAddress:17 SOUTH TROPICAL TRAILCity-St-Zip:CAPE CANAVERAL, FL 32920City-St-Zip:MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN SHINTA P 04/14/2009