2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044339

4430 NE 19TH AVE

FT. LAUDERDALE, FL 33308 US

Address: City-St-Zip:

Entity Name: BOB BEALE OUTFITTERS, INC.

FILED Apr 08, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	9TH AVENUE JDERDALE, FL	. 33308		
Current Mailing Address:			New Mailing Address:	
	9TH AVENUE JDERDALE, FL	. 33308		
FEI Number	: 03-0433355	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:	
404 E. ATI POMPANO	HAL, STUART S LANTIC BLVD., D BCH, FL 330	SUITE 101 60 US		
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE:			
	Electron	ic Signature of Registered Age	ent	Date
Election Car	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () BEALE, ROBER 4430 NE 19TH A FT. LAUDERDA	NVE.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BEALE, DAWN 4430 NE 19TH		Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name:	D () BEALE, GEORG	Delete GIA L	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT BEALE D 04/08/2008