


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000044847 1. Entity Name BUSINESS ENTERPRISE OF PINELLAS, INC.	
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Principal Place of Business 53 WEST JACKSON BLVD., SUITE 530 CHICAGO, IL 60604	Mailing Address 53 WEST JACKSON BLVD., SUITE 530 CHICAGO, IL 60604
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DO NOT WRITE IN THIS SPACE



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4040419	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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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)

U00000769109  
07/16/07 00014 012 150.75

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE PEYSTER, ASHTON 223 ATLANTIC AVE. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEIDLER, FRANCIS III 53 WEST JACKSON BLVD., SUITE 530 CHICAGO, IL 60604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TISDAHL, ELIZABETH B 53 WEST JACKSON BLVD., SUITE 530 CHICAGO, IL 60604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIKLOSSY, ELINOR B 53 WEST JACKSON BLVD., SUITE 530 CHICAGO, IL 60604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORRIS, THOMAS B 53 WEST JACKSON BLVD., STE. 530 CHICAGO, IL 60604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  7/16/07 312/987-3792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #