


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90065 038 \*\*\*150.00

**DOCUMENT # P98000096454**


1. Entity Name  
**OTTO E. BEYER ENTERPRISES, INC.**



Principal Place of Business <b>37731 STATE RD 19          SUITE 1          UMATILLA, FL 32784</b>	Mailing Address <b>37731 STATE RD 19          SUITE 1          UMATILLA, FL 32784</b>
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**DO NOT WRITE IN THIS SPACE**

401111



01102007 No Chg-P CR2E034 (11/05)

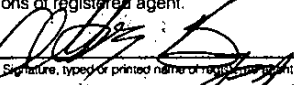
4. FEI Number <b>59-3543377</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BEYER, OTTO E  
 17681 SE HIGHWAY 450  
 UMATILLA, FL 34784**

**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  DATE **4/26/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEYER, OTTO E 17681 SE HIGHWAY 450 UMATILLA, FL 34784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Beyer, Otto E. 44650' State Road 19 Altoona, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  DATE **4/26/07** DAYTIME PHONE # **352-669-2253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40111463

**OTTO E. BEYER ENTERPRISES, INC.** #P98000096457

44650 State Road 19

Altoona, FL 32702

Phone: 352/669-2253

FAX: 352/669-5328

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## **WE'VE MOVED!**

Please change your records to our new address and phone numbers:

44650 State Road 19

Altoona, FL 32702

Phone: 352-669-2253

FAX: 352-669-5328

Thank you.