


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90032 035 ***150.00

DOCUMENT # P03000128236	
1. Entity Name BEH VENTURES, INC.	

40100965

Principal Place of Business 703 61ST STREET S GULFPORT, FL 33707 US	Mailing Address 703 61ST STREET S GULFPORT, FL 33707 US
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2. Principal Place of Business - No P.O. Box # 1432 WINDMILL POINTE RD	3. Mailing Address 1432 WINDMILL POINTE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03202008 Chg-P CR2E034 (12/06)

City & State PALM HARBOR, FL	City & State PALM HARBOR, FL
Zip 34685	Country USA
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Zip 34685	Country USA

4. FEI Number 20-0370228	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent HOSACK, BRENDAN E 703 61ST STREET S GULFPORT, FL 33707	
7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) 1432 WINDMILL POINTE RD City PALM HARBOR FL Zip Code 34685	

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 **Brendan E. Hosack** DATE **3/28/08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSACK, BRENDAN E 703 61ST STREET S GULFPORT, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 1432 WINDMILL POINTE RD PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Brendan E. Hosack** DATE **3/28/08** DAYTIME PHONE # **727-638-3666**