

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 341071

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: BEASLEY'S MEN STORE II, INC.

## Current Principal Place of Business:

17-S TROPICAL TRAIL  
P.O. BOX 667  
MERRITT ID., FL 32252

## New Principal Place of Business:

17-S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

## Current Mailing Address:

17-S TROPICAL TRAIL  
P.O. BOX 667  
COCOA, FL 32923

## New Mailing Address:

P.O. BOX 667  
COCOA, FL 32923

FEI Number: 59-1293890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEASLEY, WILLIAM  
1315 ROCKLEDGE DR  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BEASLEY, WILLIAM  
Address: 1315 ROCKLEDGE  
City-St-Zip: ROCKLEDGE, FL

Title: ST ( ) Delete  
Name: SHINTA, D  
Address: 1438 HAGEN LN  
City-St-Zip: ROCKLEDGE, FL 32955

Title: V ( ) Delete  
Name: BEASLEY, THOMAS  
Address: 560 HARRISON AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BEASLEY, WILLIAM  
Address: 1315 ROCKLEDGE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 M. SHINTA

S T

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date