2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2005 08:00 AM **DOCUMENT # 367847 Secretary of State** 1. Entity Name BEINDORF ENTERPRISES, INC. Principal Place of Business Mailing Address 745 AZALEA LANE 745 AZALEA LANE VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/04) 1st MOORE City & State Applied For City & State 4. FEI Number 59-1301798 Not Applicable Zip Country Zīp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEINDORF, JAMES L Street Address (P.O. Box Number is Not Acceptable) 745 AZALEA LN VERO BEACH FL 32963 City Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PΒ TIFLE TITLE ☐ Change ☐ Addition Delete NAME BEINDORF, JAMES L NAME 745 AZALEA LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME JACKSON, ROBERT N:A ME 2165-15TH AVE_ STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CONVEST-718 ☐ Addition Change THE ☐ Delete THEF BEINDORF, JAMES L NAME NAME STREET ACORESC STREET ADDRESS 745 AZALEA LN CITY-ST-ZIP CHTY-ST-ZIP VERO BEACH FL 32963 ☐ Change ☐ Addition TITLE ☐ Delete 000000236343 02/21/05-80014-009 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HTLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE THLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attantment with an address, with all other like empowered.

SIGNATURE:

AMEL L. REINTOILE IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/17/01 772-234-4625 Dain Daytme Phone 1

FILED