2008 FOR PROFIT CORPORATION ANNUAL REPORT

JAMES L. BEWDORF

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED **DOCUMENT # 367847** Aug 18, 2008 08:00 AM Secretary of State BEINDORF ENTERPRISES, INC. Principal Place of Business Mailing Address 745 AZALEA LANE 745 AZALEA LANE VERO BEACH, FL 32963 US VERO BEACH, FL: 32963 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07312008 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-1301798 Not Applicable Ζiρ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEINDORF, JAMES L Street Address (P.O. Box Number is Not Acceptable) 745 AZALEA LN VERO BEACH, FL 32963 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change ☐ Addition PR TITLE Delete TITLE BEINDORF, JAMES L NAME NAME STREET ADDRESS 745 AZALEA LN STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 000000957969 08/18/08-80010-014 150.00 JACKSON, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 2165-15TH AVE. VERO BEACH, FL CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE BEINDORF, JAMES L NAME NAME 745 AZALEA LN STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32963 City-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.