

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 518277

Entity Name: BEAU CAB CO., INC.

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

260 BALD EAGLE RUN
LAKE MARY, FL 32746 US

Current Mailing Address:

260 BALD EAGLE RUN
LAKE MARY, FL 32746 US

New Principal Place of Business:

15901 PRENTISS POINTE CIR
201
FORT MYERS, FL 33908 US

New Mailing Address:

15901 PRENTISS POINTE CIR
201
FORT MYERS, FL 33908 US

FEI Number: 59-1705432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOWLES, LINDA P
260 BALD EAGLE RUN
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

KNOWLES, LINDA P
15901 PRENTISS POINTE CIR
201
FORT MYERS, FL 33908 US

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:

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KNOWLES, LINDA
Address: 260 BALD EAGLE RUN
City-St-Zip: LAKE MARY, FL 32746 US

Title: S () Delete
Name: KNOWLES, MICHAEL
Address: 260 BALD EAGLE RUN
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KNOWLES, LINDA
Address: 15901 PRENTISS POINTE CIR # 201
City-St-Zip: FORT MYERS, FL 33908 US

Title: S (X) Change () Addition
Name: KNOWLES, MICHAEL
Address: 15901 PRENTISS POINTE CIR # 201
City-St-Zip: FORT MYERS, FL 33908 US

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: LINDA KNOWLES

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date