

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

|                                           |  |                                                                                   |
|-------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 657012</b>                  |  |  |
| 1. Entity Name<br><b>BEE MOTORS, INC.</b> |  |                                                                                   |

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br><b>10941 US HWY 441<br/>LEESBURG FL 34788</b> | Mailing Address<br><b>10941 US HWY 441<br/>LEESBURG FL 34788</b> |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br><b>59-2002221</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>NORVELL, MICHAEL C., ESQ.<br/>1410 EMERSON ST<br/>LEESBURG FL 34749-1615</b> |
|----------------------------------------------------------------------------------------------------------------------------------------|

|                                                    |
|----------------------------------------------------|
| 7. Name and Address of New Registered Agent        |
| Name                                               |
| Street Address (P.O. Box Number is Not Acceptable) |
| City                                               |
| FL Zip Code                                        |

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**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                                                        |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>ROBERTS, WILLIAM C<br>2802 ASH DR.<br>LEESBURG FL 34748 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ROBERTS, WILLIAM C<br>2802 ASH DR.<br>LEESBURG FL 34748 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WARNER, LINDA C<br>407-1 SKYLINE DRIVE<br>ST THOMAS US VIRGIN IS <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LINDEHANN, MARIANNA L<br>2945 TANGERINE ST<br>LEESBURG FL 34748 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                  |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>U00000503330</b><br><b>04/26/06-80028-005 158.75</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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: William C Roberts **WILLIAM C ROBERTS** 4/6/06