

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90019 003 ***150.00

DOCUMENT # 657012

1. Entity Name
BEE MOTORS, INC.



Principal Place of Business
**10941 US HWY 441
LEESBURG, FL 34788**

Mailing Address
**10941 US HWY 441
LEESBURG, FL 34788**

2. Principal Place of Business - No P.O. Box #
1018 W NORTH BLVD

3. Mailing Address
1018 W NORTH BLVD

Suite, Apt. #, etc.
2

Suite, Apt. #, etc.
2

City & State
LEESBURG, FL

City & State
LEESBURG, FL

Zip
34748

Country

Zip
34748

Country

01172007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2002221

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NORVELL, MICHAEL C., ESQ.
1410 EMERSON ST
LEESBURG, FL 34749-1615**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ROBERTS, WILLIAM C
2902 ASH DR.
LEESBURG, FL 34748** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ROBERTS, WILLIAM C
2902 ASH DR.
LEESBURG, FL 34748** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WARNER, LINDA C
407-1 SKYLINE DRIVE
ST THOMAS US UIRINE, IS** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LINDEHANN, MARIANNA L
2945 TANGERINE ST
LEESBURG, FL 34748** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C Roberts
Date **1/26/07**

Daytime Phone #