

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 732320
 1. Entity Name
BEF, INC.



Principal Place of Business Mailing Address
420 BAY AVENUE **420 BAY AVENUE**
CLEARWATER, FL 33756 **CLEARWATER, FL 33756**

DO NOT WRITE IN THIS SPACE



02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
23-7439469 Not Applicable

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

6. Name and Address of Current Registered Agent
JONES, DAVID C
420 BAY AVENUE
CLEARWATER, FL 33756

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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)

Filing Fee is \$61.25
Due by May 1, 2006

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	PD TAAFFE, MALCOLM 105 MARTINIQUE AVE. TAMPA, FL 33608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM 106 W. STANLEY ST. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, ROBERT 100 N. TAMPA ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JONES, DAVID C 420 BAY AVE. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WATERBURY, MARK 333 THIRD AVENUE NORTH, SUITE 400 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/16/06 80025-015 70.00

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 617, 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:  **DAVID C JONES** 2-22-06 727-445-4862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Asst. Secretary