


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 732320

1. Entity Name
BEF, INC.



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

DO NOT WRITE IN THIS SPACE



02222007 No Chg-NP CR2E037 (4/06)

| | |
|--|---------------------------------------|
| 4. FEI Number 23-7439469 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**JONES, DAVID C
 420 BAY AVENUE
 CLEARWATER, FL 33756**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
 Due by May 1, 2007

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 33606 |
| 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 | |

U00000680394
 04/03/07-80075-024 70.00

DO NOT WRITE IN THIS SPACE

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: *[Signature]* **3-15-07** **727-445-4862**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #