## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT #732320**

Principal Place of Business

1. Entity Name BEF, INC.

420 BAY AVENUE CLEARWATER, FL 33756 Mailing Address **420 BAY AVENUE** 

CLEARWATER, FL 33756

**FILED** Apr 24, 2008 08:00 AN Secretary of State



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02222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7439469 Applied For 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 chang the obligations of registered agent.	ring its registered office or registered agent, or bot	n, in the State of Florida. I am familiar with, and accept
SI	NATURE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing Fee Is \$61.25

9. Election Campaign Financing

\$5.00 May Be Added to Fees

U000000920839 05/14/08-80060-014

Trust Fund Contribution. Due by May 1, 2008 10. OFFICERS AND DIRECTORS TITLE TAAFFE, MALCOLM NAME STREET ADDRESS 105 MARTINIQUE AVE. CITY-ST-ZIP TAMPA, FL 33606 TITLE D NAME BROWN, WILLIAM STREET ADDRESS 106 W. STANLEY ST. CITY-ST-ZIP TAMPA, FL 33604 TITLE NAME JOHNSON, ROBERT STREET ADDRESS 100 N. TAMPA ST CITY-ST-ZIP TAMPA, FL 33602 TITLE NAME JONES, DAVID C STREET ADDRESS 420 BAY AVE. CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NAME WATERBURY, MARK STREET ADDRESS 333 THIRD AVENUE NORTH, SUITE 400 CITY-ST-ZIP ST. PETERSBURG, FL 33701 NAME STREET ADDRESS CITY-ST-ZIP

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12. Thereby 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 each address, with all other like empowered.

SIGNATURE:

David G. Jones IGNING OFFICER OR DIRECTOR

3-13-08