

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-01-2007 90026 045 ***150.00

DOCUMENT # F03000004802

1. Entity Name
D&M BECK, INC.



Principal Place of Business
**C/O DELORES BECK
1795 ELLISTON TOWBRIDGE RD, LOT 11
ELMORE, OH 43416**

Mailing Address
**C/O DELORES BECK
1795 ELLISTON TOWBRIDGE RD, LOT 11
ELMORE, OH 43416**

40008030



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number
34-1457332

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HIGHTOWER, ROBERT S
241 EAST VIRGINIA ST.
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
Name **Robert S. Hightower**
Street Address (P.O. Box Number is Not Acceptable)
128 Salem Court
City **Tallahassee** **FL** Zip Code **32301**

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.
ROBERT S. HIGHTOWER
SIGNATURE *[Signature]* **1/6/2007**
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECK, DELORES 1795 ELLISTON TOWBRIDGE RD. LOT 11 ELMORE, OH 43416	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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]* DELORES J. BECK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07 **419-862-3220**
Date Daytime Phone #